

MANCHESTER WATER DISTRICT

LEAK ADJUSTMENT REQUEST

In accordance with Manchester Water District Resolution 2003-12

CUSTOMER INFORMATION

MANCHESTER WATER DISTRICT ACCOUNT # _____

NAME _____

PHONE NUMBER _____

MAILING ADDRESS _____

SERVICE ADDRESS _____

DESCRIPTION OF LEAK _____

DATE LEAK WAS RECOGNIZED _____

DATE LEAK WAS REPAIRED _____

*** LEAK ADJUSTMENT REQUEST MUST BE SUBMITTED TO MANCHESTER WATER DISTRICT WITHIN 20 DAYS OF DISCOVERING THE LEAK**

FOR OFFICE USE ONLY

BILLING PERIOD APPLIED _____

DATE OF ADJUSTMENT _____

PROCESSED BY _____

APPROVED _____

ADJUSTMENT ACCEPTED

YES

NO

PLEASE ATTACH RECEIPTS & ADDITIONAL DOCUMENTATION, AS NECESSARY.

SIGNATURE _____

DATE _____

Manchester Water District recommends that you retain a copy of completed leak adjustment for your personal records.

**RETURN COMPLETED LEAK ADJUSTMENT REQUEST TO
MANCHESTER WATER DISTRICT
PO BOX 98
MANCHESTER, WA 98353
CUSTOMERSERVICE@MANCHESTERWATER.ORG**