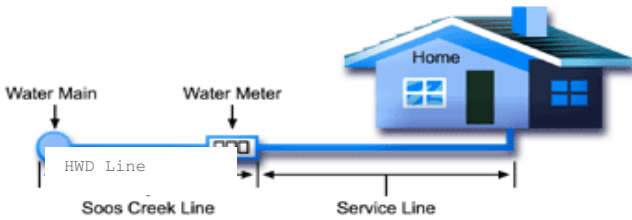


# LEAK ADJUSTMENT REQUEST



<b>Name:</b>	<b>Acct. #</b>	
<b>Address:</b>	<b>Service Address:</b>	<b>TELEPHONE</b>
		Home _____
		Work _____

**TYPE OF LEAK**

Svc. Line Leak       Irrigation Line Leak

**Note:** A maximum of two adjustments per owner / per property are allowed. Leak adjustments are offered only for leaks that occur between the meter and the house. If an adjustment is authorized for a repair to the line(s) then a second leak develops, no adjustment will be authorized until the entire service / irrigation line is completely replaced. Documentation is required to prove the repair / replacement is complete, and a HWD employee must conduct field verification.

Effective date of this policy is 3/3/04 per Resolution 04-3-3C.

<b>DATE LINE WAS REPAIRED:</b>	
Repaired by:	

<b>DATE LINE WAS REPLACED:</b>	
Repaired by:	

Please attach any receipts which support that you are entitled to this leak adjustment and send to HIGHLINE WATER DISTRICT, P.O. Box 3867, Kent, WA 98089-0367. You may also fax to 206-824-0806.

**Adjustment calculations:** 50% of the difference between the actual CF of water billed and the "averaged" CF of water consumed during the same billing period of the previous three years – not including the base rate. **Adjustment period:** Maximum two billing cycles.

_____ Customer Signature
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For Office Use Only	
TOTAL CONSUMPTION BILLED DURING PERIOD OF LEAK From: _____ To: _____	CONSUMPTION
AVG. USE FROM PAST BILLINGS OF SAME TIME PERIOD	
TOTAL CONSUMPTION ADJUSTMENT	\$
Prepared by:	Signature _____
Approved by:	Signature _____