



Leak Adjustment Request Form

Customer Name _____ Account No. _____

Service Address _____ Daytime Phone No. _____

An Oak Lodge Water Services District (the District) ordinance allows for a Leak Adjustment credit because of loss of water through an "excusable defect" in the customer's water line. An excusable defect is due to a rupture or leakage caused by weather, settlement, corrosion, or wear and tear. Credits are based upon your average usage for the same billing period in previous years. The adjustment will be made to the highest single billing that the leak impacted. This average is deducted from the total consumption used in that billing period. The excess usage is charged at a rate that covers the cost of wholesale water purchased and pumping costs. The leak must be repaired within 30 days of discovery or notice, and the adjustment must be requested within 120 days of the repair.

Leaks such as leaking faucets, leaking toilets, sprinkler systems, or accidental over-watering are ineligible. (ONLY LEAKS between the meter and the house will be considered for an adjustment.)

I, _____, am the Responsible Party for the account at the above service address. (Give full legal name and/or business identity)

I am asking the District to reduce the water bill for this account, to the extent allowed by District ordinance because of a leak beginning on (date) _____. The repair was completed on (date) _____.

I confirm that the water loss from this leak was not used by anyone.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY & EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION OF THE REPAIRS.

Location of leak: _____

Description of repair: _____

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/invoice, or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by two (2) employees who witnessed the repair.

In all cases, the District retains the right to make field verifications before approving leak adjustments. You will be notified by mail when your request is approved or denied.

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution. I certify that this application and attached documents contain no false statements.

Print Name: _____

Signature of person requesting a leak adjustment: _____ Date: _____

Complete form and return to:

Oak Lodge Water Services District, 14496 SE River Rd, Oak Grove, OR97267