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CITY  
OF **LACEY**

## Leak Adjustment Request Form

Submittal of this form does not guarantee that a leak adjustment will be granted. A leak adjustment will be allowed under the following circumstances:

1. The repair occurred with 30 days of notification by the city.
2. No leak adjustments have been granted within five (5) years of any previous leak adjustment.
3. The consumption associated with the leak exceeded \$50.
4. The source of the leak is on the main line that runs from the meter box directly to the house. This excludes leaks caused by irrigation lines and systems, appliances, fixtures, or any other cause from insides the structure.
5. Adequate documentation of the repair and location of the leak is provided, which can include the plumber's invoice or personal receipts and photos that show where the leak was located (a view that clearly shows the meter box to the leak location is most helpful).

The leak adjustment shall be 50% of the *consumption* associated with the leak, and any related taxes affected by the adjustment. Commercial accounts may be granted credit for the sewer portion of the bill if the water did not enter the sanitary sewer system.

**Customer Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Date of Repair:** \_\_\_\_\_ **Leak Repaired By:** \_\_\_\_\_

**Location of Leak:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date Leak Noticed/Date of City Notification:** \_\_\_\_\_

As the responsible customer/owner of the above listed service address, I hereby notify the City of Lacey Utility Billing Department that I have sustained a water leak and to the best of my knowledge the leak has been repaired. I am requesting consideration of a leak adjustment under the City of Lacey Water Leak Adjustment Policy. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only one water leak adjustment may be applied to my utility account in any five-year period.

**Requester's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the completed form with clear views of supporting documentation via mail, drop box or email to:

City of Lacey  
420 College Street SE  
Lacey, WA 98503  
UtilityBilling@ci.lacey.wa.us

For questions call (360) 491-5616