Leak Adjustment Request Form

Date: _______________________     Account Number: ___________________________
Name on the Account: _____________________________________________________
Mailing Address: __________________________________________________________
________________________________________________________________________
Service Address: __________________________________________________________
Day Phone: ________________________ Night Phone: _________________________
Date the leak was Detected: _________________________________________________
Date the leak was Repaired: _________________________________________________
Description of Repairs (attach copy of receipts): _________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The City of Cornelius leak adjustment policy allows for up to a 50% adjustment for the excess water over last year's use for the same period for approved repairs. The leaks must be repaired within 30 days of discovery. City Code Section 13.05.040.

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FOR OFFICE USE ONLY

Meter Number: ____________________ Meter Reading: _______________________
Date of Reading: __________________ Reading By: _________________________
Leak Repaired? YES ______ NO ______
Amount of Adjustment: $_______________
Posted to Account by __________________ Date: ____________________________

Visit our Website: 1355 N Barlow St Phone: 503-357-9112
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