



31627 1st Avenue South • P.O. Box 4249 • Federal Way, WA 98063-4249
 253-941-1516 Federal Way • 253-927-2922 Tacoma • www.lakehaven.org

For Staff Use:	
Date Received:	_____
Received By:	_____
Cycle & Route:	_____

LEAK ADJUSTMENT REQUEST

If you experienced a leak on your property and it has impacted your bill, please use the following information to complete a Leak Adjustment Request Form to request an adjustment to your bill.

Requirements for Adjustment:

- Copies of receipts for any materials or services related to the repair must be attached and are required to be granted a leak adjustment. **Failure to provide receipts or proof of repair will result in an automatic denial of this leak adjustment request.** Proof of repair without receipt may consist of photos, bank statement of purchases related to leak repair, letter/email from others who helped in repair with phone
- Leak adjustment must be requested within **60 days** of a leak discovery or receipt of the first notice received from Lakehaven.
- Leak(s) **must** be repaired before an adjustment will be considered.
- All customers requesting a billing adjustment are required to pay their bill in full **or** contact us to make payment arrangements while the adjustment is being processed.
- Please complete if you prefer a leak adjustment only be applied to your account if over a certain dollar amount.
 - Please do not process leak adjustment if under: \$ _____
 - Please contact me via email/phone (circle one) with leak adjustment amount for determination.

Additional Information:

- Lakehaven does not reimburse for any parts or repair costs that were incurred because of the leak.
- If you have sewer with Lakehaven, any leak that appears on January thru April billing may affect your new sewer rate. Please complete form for your sewer calculation review.
- **Lakehaven will adjust up to three (3) consecutive bills and only one (1) leak adjustment will be granted ever two (2) years.**
- The adjustment is calculated by taking 50% of the difference between the CCF (100 cubic feet) of water billed and the “averaged” CCF of water consumed during the same billing period of the previous year – not including the base rate.
- If you are signed up for auto-pay or have further questions please contact Customer Service at (253) 941-1516.

<p>Mail or Deliver to: 31627 1st Ave S <u>Federal Way, WA 98003</u> or PO Box 4249 Federal Way, WA 98063</p>	<p>Email to: Lakehaven@Lakehaven.org</p>	<p>Fax to: (253) 839-9738</p>
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Please Note: Completion of this form does not guarantee an adjustment will be made on your account.

A letter will be sent via USPS mail if a request is denied.



LAKEHAVEN WATER & SEWER DISTRICT

31627 1ST Ave. S – PO Box 4249 – Federal Way, WA 98063-4249
Federal Way: 253-941-1516 – Tacoma: 253-927-2922 – www.lakehaven.org



LEAK ADJUSTMENT REQUEST

Today's Date: _____

**RECEIPTS FOR THE REPAIR WILL BE NEEDED TO QUALIFY FOR AN ADJUSTMENT.
PLEASE INCLUDE RECEIPTS WHEN SUBMITTING YOUR REQUEST.**

Service Information

Name:		Account #:		
Address:				
Service Address:				
Contact Phone #'s:	(Home)	(Cell)	(Work)	(Other)
Email:				

Water Leak Information

Date Leak Discovered:		Date Leak Repaired :	
Description of Leak:			
Where was leak located?			
Description of Repair:	Describe where the water leak was located and what steps you took to resolve the problem, for example, "Toilet in bathroom leaked, replaced toilet"		

Leak Adjustment Information

If you are signed up for auto-pay, please call Customer Service at 253-941-1516 to avoid excess charges.

ADJUSTMENT CALCULATION: 50% of the difference between the actual CCF (100 cubic feet) of water billed and the "averaged" CCF of water consumed during the same billing period of the previous year - not including the base rate.

ADJUSTMENT PERIOD: Maximum 3 billing cycles. One leak adjustment allowed every 2 years.

Submittal Instructions

Return your request along with **any receipts that support your entitlement to this leak adjustment** via one of the following options:

Mail or Deliver To: 31627 1st Ave S / PO Box 4249 Federal Way, WA 98063-4249	Email To: lakehaven@lakehaven.org	Fax To: 253-839-9738
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Signature (Print form to sign if filling in online version of form)

Date