



LAKEHAVEN WATER AND 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: _____

Service Information

Name:		Account #:		
Address:				
Service Address:				
Contact Phone #s:	(Home)	(Cell)	(Work)	(Other)
Email:	Please provide an email address if you would like us to respond via email.			

Water Leak Information

Date leak was discovered:		Date leak was repaired:	
Description of leak:			
Where was leak located?			
Description of repair: <small>(Describe where the water leak was located and what steps you took to resolve the problem. e.g. "Toilet in master bath leaked, replaced toilet.")</small>			

Leak Adjustment Information

If you are signed up for auto-pay please call Customer Service 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 this form to: 31627 1 st 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