

City of Port Orchard
 Utility Billing: (360) 876-5139 Fax: (360) 895-9029
 utilitybilling@cityofportorchard.us
 Leak Credit Adjustment Application

NAME: _____ ACCOUNT NO.: _____

ADDRESS: _____ SERVICE ADDRESS: _____

TELEPHONE: _____ (ALT): _____

DESCRIPTION OF LEAK/REPAIR: _____

(Attach Additional Invoices/Documentation)

DATE LEAK WAS REPAIRED: _____

DATE: _____

 SIGNATURE OF PROPERTY OWNER

Please include any receipts you may have which support this leak adjustment and send to
 CITY OF PORT ORCHARD, 216 Prospect Street, Port Orchard, WA 98366

FOR OFFICIAL USE ONLY:

Date Post Card Sent: _____

Billing Period of Leak: _____
 From: _____ To: _____

Field Read:

Date: _____ Reading: _____

Date: _____ Reading: _____

Gals. Consumption: _____ # days _____
 # days in cycle _____

Projected Consumption

Field Read:

Date: _____ Reading: _____

Date: _____ Reading: _____

Gals. Consumption: _____ # days _____
 # days in cycle _____

Projected Consumption

Leak Credit:

Approved:

Amount of Credit: \$ _____

Denied:

Decline Reason: _____

Prepared by: _____

Contact Attempts to Owner: _____

Utility Billing _____ Date _____

Phone _____ Date _____

Public Works Director _____ Date _____

Phone _____ Date _____

Assistant Treasurer _____ Date _____