

6723 S 124th St
Seattle, WA 98178
www.skywayws.org



(206) 772-7343
Fax: (206) 772-5860
info@skywayws.org

Web Form Instructions

When completing a PDF form that requires a signature or attachments, please follow these instructions:

- Complete the form on your computer
- Print your document single-sided on plain white, letter sized paper (8 ½ x 11)
- Sign and date if requested
- Email the signed document to info@skywayws.org or fax to 206-772-5860

You may also mail the document and any required attachments to the following address.

Skyway Water & Sewer District
6723 S 124th St
Seattle, WA 98178

If you have any questions about these instructions, please contact us for further assistance.

Email: info@skywayws.org

Phone: 206-772-7343 (7:30am-4pm M-F)

Fax: 206-772-5860



Water Leak Repair Adjustment Request

Skyway Water & Sewer District provides water leak repair credit adjustments as a courtesy. **ONLY SERVICE LINE AND/OR INTERNAL PIPING LEAKS QUALIFY. NO ADJUSTMENTS WILL BE CONSIDERED FOR LEAKING TOILETS, FAUCETS, OUTDOOR HOSE BIBS OR ANY OTHER FIXTURES OR DEVICES.** Adjustments will be calculated on the difference between the wholesale and retail water rate of the excess (above average) water consumption for the billing period in which the leak occurred. Please provide information as requested below and return this form to the District. You will be notified by mail, phone and/or a future billing regarding the outcome of your request.

If a second leak occurs on a repaired line, no adjustment will be considered unless the entire service line from the house/building to the water meter is replaced.

CUSTOMER TO COMPLETE:

Name: _____ Acct #: _____

Address: _____ Email: _____

Daytime Phone: _____ Home Phone: _____

Location of leak: _____

Date leak was first noticed: _____ By Whom: _____

Explanation: _____

Date leak was repaired: _____ By Whom: _____

Explanation: _____

Date: _____ Signature: _____

DISTRICT TO COMPLETE:

Bill Period/Year: _____

Average Period Consumption (ccf): _____ Leak Period Consumption (ccf): _____

Above Average Consumption (ccf): _____ Calculated Adjustment Amount: \$ _____

Note: _____

Calculations:

Board Approval Date: _____ Account Adjust Date: _____