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WATER LEAK REPAIR ADJUSTMENT REQUEST FORM

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.

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: \$ _____

Calculations:

Board Approval Date: _____ Account Adjust Date: _____