

MANCHESTER WATER DISTRICT

LEAK ADJUSTMENT REQUEST

In accordance with Manchester Water District Resolution 2024-06

CUSTOMER INFORMATION

MANCHESTER WATER DISTRICT ACCOUNT # _____

NAME _____

PHONE NUMBER _____

MAILING ADDRESS _____

SERVICE ADDRESS _____

DESCRIPTION OF LEAK _____

DATE LEAK WAS RECOGNIZED _____

DATE LEAK WAS REPAIRED _____

*** LEAK ADJUSTMENT REQUEST MUST BE SUBMITTED TO MANCHESTER WATER DISTRICT WITHIN 60 DAYS OF DISCOVERING THE LEAK**

FOR OFFICE USE ONLY

BILLING PERIOD APPLIED _____

DATE OF ADJUSTMENT _____

PROCESSED BY _____

APPROVED _____

ADJUSTMENT ACCEPTED

YES

NO

PLEASE ATTACH RECEIPTS & ADDITIONAL DOCUMENTATION, AS NECESSARY.

SIGNATURE _____

DATE _____

By signing this request, you are attesting that the leak has been fixed or the cause of excess water use has been rectified. Manchester Water District recommends that you retain a copy of completed leak adjustment for your personal records.

RETURN COMPLETED LEAK ADJUSTMENT REQUEST TO

MANCHESTER WATER DISTRICT

PO BOX 98

MANCHESTER, WA 98353

CUSTOMERSERVICE@MANCHESTERWATER.ORG