(503) 842-4333 office@fairviewwater.com

WATER BILL REDUCTION REQUEST FORM

FOR CONSUMPTION USE DUE TO PROPERTY OWNER LINE BREAK

Service Address:			
Customer Name(s):			
Cause of Leak:			
Date Repair Completed:			
Customer Signature:		Date:	
	OFFICE USE ONLY		
Board Meeting Date:			
Board Decision:			
Comments:			