

**PALATINE HILL WATER DISTRICT**  
PO BOX 1193  
LAKE OSWEGO, OR 97035  
(503) 639-5096

**LEAK ADJUSTMENT REQUEST FORM**

**CUSTOMER NAME:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**DATE LEAK WAS DISCOVERED:** \_\_\_\_\_

**DATE LEAK WAS REPAIRED:** \_\_\_\_\_

**RETURN FORM BY:** \_\_\_\_\_

**NUMBER OF PEOPLE IN HOUSEHOLD:** \_\_\_\_\_

**DESCRIPTION OF LEAK AND REPAIR:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Completion of this form does not guarantee an adjustment will be made to your water bill. All requests are evaluated based on your average water consumption for the billing period. In order to qualify for an adjustment, the leak must be repaired and this form must be returned to the office within 60 days of knowledge of leak. *If the form is not received within the 60 day limit you will be responsible for the entire amount of leak consumption.* Palatine Hill Water District allows a maximum of two leak adjustments per customer over a five year period.

**PLEASE ATTACH COPIES OF ANY INVOICES OR RECEIPTS FOR REPAIRS MADE TO YOU WATER LEAK.**

**CUSTOMER SIGNATURE:** \_\_\_\_\_