



Leak Adjustment Request Form

FOR OFFICE USE ONLY:

Approved _____ Denied _____

Date: _____

Initials: _____

Leak Adjustment Policy

Leak Adjustment Policy - Water Leak Adjustment Requests. Effective May 9, 2023, the Kittitas County Water District #7 Commissioners adopted Resolution No. 2023-05.

Leak Adjustment Guidelines

- The account shows no record of being delinquent for more than 60 days during the past 24 months.
- One (1) adjustment may be granted within a 24-month period.
- The customer submitted the Home Inspection Checklist within the last year.
- The customer certifies in writing and provides evidence that the problem causing the abnormally high-water usage was beyond the customers direct and immediate control and has been repaired and/or resolved within fourteen (14) calendar days of being notified or when the leak was discovered.
- Leak adjustments must be applied for in writing within 30 days of billing.
- No leak adjustments will be granted for loss of water due to irrigation system failures.
- Upon approval, the Water District will take the water usage that is more than the prior year's same billing period for normal consumption and bill each gallon at the Water District's Base Usage Rate
- Upon approval, the Water District will estimate the amount of the leaked water by comparing the customer's water consumption during the leaked period to the customer's normal water consumption during the same billing period of the prior year(s). The Water District will adjust the customer's bill for the estimated water leaked and bill each gallon of leaked water at the District's Base Usage Rate.
- For customers with less than 12-months water usage, the Water District will estimate a similar monthly consumption.
- All customers requesting a billing adjustment in accordance with these guidelines are required to pay their bill in full or make payment arrangements while this form is being processed.

Customer Information

Name: _____ Account#: _____ Telephone#: _____

Service Address: _____ Mailing Address: _____

Leak Information

Date Leak Detected: _____ Date Leak Repaired: _____ Please Provide Brief Explanation Below:

Please Sign and Date Below

Customer Signature: _____ Date: _____ Email: _____

Please send or email the completed form to KCWD#7 PO Box 161 Thorp, WA 98946 or kcwater7@gmail.com.

If you have any questions, please contact the District Office.

Telephone: 509-304-6133 Website: <https://kcwaterdistrict7.org>