

Cornelius

Oregon's Family Town

Leak Adjustment Request Form

Date: _____ Account Number: _____

Name on the Account: _____

Mailing Address: _____

Service Address: _____

Day Phone: _____ Night Phone: _____

Date the leak was Detected: _____

Date the leak was Repaired: _____

Description of Repairs (attach copy of receipts): _____

The City of Cornelius leak adjustment policy allows for up to a 50% adjustment for the excess water over last years use for the same period for approved repairs. The leaks must be repaired within 30 days of discovery. City Code Section 13.05.040.

FOR OFFICE USE ONLY

Meter Number: _____ Meter Reading: _____

Date of Reading: _____ Reading By: _____

Leak Repaired? YES _____ NO _____

Amount of Adjustment: \$ _____

Posted to Account by _____ Date: _____