



Courtesy Leak Adjustment Application

Customer Name: _____ Account #: _____

Address: _____

Phone number: _____ Email: _____

The City of Walla Walla's Municipal Code allows for one Leak Adjustment credit in a 12 month period because of leaks that were unknown to the customer and not caused by the fault of the customer. Leak adjustments, if granted, are based upon your average usage for the same period in the previous year. If the leak shows up on more than one billing cycle, the leak adjustment only applies to the higher usage billing cycle.

Please complete the following information. IF NOT COMPLETED IN FULL, YOUR REQUEST WILL BE RETURNED TO YOU.

1. Address where leak occurred: _____

2. Name of property owner if different then above: _____

3. Phone number of property owner if different then above: _____

4. Is this property owner occupied? Yes No

a. If not, what date was the owner notified? _____

5. Was the property occupied at the time of the leak? Yes No

6. Date leak was discovered: _____ 7. Date the leak was repaired: _____

8. Description of the leak in detail, how the leak was detected, where the leak was located and how the leak was repaired (please use back of form if more space is need):

9. Attach a copy of the repair invoice or repair receipts and a copy of the utility bill that shows the charges for the leak.

10. Mail the completed form and attachments to: City of Walla Walla
Attn: Utility Billing
15 N 3rd Ave
Walla Walla, WA 99362-1859

COMPLETED APPLICATIONS MUST BE SUBMITTED WITHIN 60 DAYS OF THE BILL DATE IN QUESTION.