

City of Poulsbo Utility Adjustment Request

Date of Request: _____

Account Name: _____

Mailing Address: _____

Service Address: _____

Account Number: _____

Person Requesting Adjustment: _____

Daytime phone: _____

e-mail address: _____

Please indicate below the reason you are requesting a utility adjustment:

Service Leak: *Excessive registration of water meter caused by broken or leaking water service pipe within or abutting upon the premises.*

Location on premises where leak occurred: _____

Approximate length of time leak continued: _____

Description of repairs made: _____

Date repairs were completed: _____

Request for adjustment should be accompanied by a copy of a receipt for purchased materials or contractor repair invoice.

Is receipt attached? Yes No

Water Meter Accuracy:

This type of adjustment would be due to excessive registration of consumption due to undetermined causes. The primary basis of these adjustments will be: (1) possible indexing of a meter or (2) vandalism to a meter

A deposit of \$50 shall be received from the customer requesting a meter test before the meter will be removed and tested.

To be completed by City Staff:

| | | | | | | |
|-------------|-------|-----------|-------|--------|----|-------|
| Meter Size: | _____ | Receipt # | _____ | Amount | \$ | _____ |
| Meter # | _____ | Date | _____ | | | |

Action Taken:

Adjustment Authorized: _____
Assistant P.W. Superintendent Date