



Leak Adjustment Request Form

PLEASE NOTE: Completion of this request does not guarantee an adjustment to your bill. Please allow 3-6 weeks to process. We will contact you once the review is complete. Why the delay? Adjustment Requests are reviewed after the affected period has been billed.

Account Information

Customer Number: _____
Name on the account: _____
Service Address: _____
Phone Number: _____
Email Address: _____

Leak Description

Date leak was discovered: _____

Where was the leak: _____

Description: explain what happened and how it was repaired

By signing below, I certify all information is true and correct to the best of my knowledge. I understand that the adjustment can be revoked if it is determined the information was falsified.

Signature: _____ Date: _____

Send Documents to:

**City of Wilsonville, Utility Billing
29799 SW Town Center Loop E
Wilsonville, OR 97070
utility@ci.wilsonville.or.us**

*****Don't forget to submit proof of repair*****
(Plumber's bill, receipts for parts, or before & after pictures)