

Leak Adjustment Request

Utility Billing

P.O. Box 490 Lowell, OR 97452

Phone: 541-937-2157

Email: <u>utilitybilling@ci.lowell.or.us</u>

<u>App</u>	Applicant Information:							
	Service Address:							
	Account Holder Name(s):	Account #:						
	Mailing Address:							
	Phone Number:	Email:						
Leal	Leak Information:							
	Location:							
	Date Started: Date Discovered:	Date Repaired:						
	Description of Repair:	·····						
	Applicant Affidavit							
	 above and is requesting consideration for a leak adjustment in accordance with LRC 4.153. Applicant is requesting a leak adjustment due to a water supply break, failure, and/or leak on the customer side of the water meter beyond the control of the applicant. Customer must request a leak adjustment within six (6) months of the occurrence. Requests for adjustments beyond six (6) months will not be considered. A copy of a plumbing invoice or parts receipt is attached. One adjustment per utility account will be considered in any twelve (12) month period. Applicant hereby acknowledges the leak(s) have been satisfactorily repaired. 							
Арр	licant Signature:	Date:						

For Office Use Only:								
Date R	Received: _							
<u>Adjust</u>	ment Calc	ulations:						
1.	Month _	Yea	ar					
				/	'	_=		
	Prior Years U	sage			# Periods	Average		
			= x 0.5					
	Usage	Average	Excess Usage	Excess Usage	Rate	Credit		
2.	Month _	Yea	ar					
				/	′	_ =		
	Prior Years U	sage			# Periods	Average		
			= x 0.5					
	Osage	Average	LACESS USage	Excess Osage	: nate	Creuit		
Credit	Applied: _		Date Applie	ed:	Cle	erk Initials:		