Utility Billing
P.O. Box 490 Lowell, OR 97452

Phone: 541-937-2157
Email: utilitybilling@ci.lowell.or.us

## Applicant Information:

Service Address: $\qquad$
Account Holder Name(s): $\qquad$ Account \#: $\qquad$
Mailing Address: $\qquad$
Phone Number: $\qquad$ Email: $\qquad$

## Leak Information:

Location: $\qquad$

Date Started: $\qquad$ Date Discovered: $\qquad$ Date Repaired: $\qquad$

Description of Repair: $\qquad$

## Applicant Affidavit

- Applicant owns and/or is the authorized account holder of the subject property listed 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.
- Applicant understands and acknowledges leak adjustments are subject to review by City Staff and are not guaranteed.
- Applicant affirms that the information set forth in the Leak Adjustment Reimbursement Request form is true and accurate.
$\qquad$ Date: $\qquad$


## For Office Use Only:

Date Received: $\qquad$

Adjustment Calculations:

1. Month $\qquad$ Year $\qquad$
 $=\frac{}{\text { Excess Usage }} \times 0.5=$ $\qquad$ $=\overline{\text { Credit }}$
2. Month $\qquad$ Year $\qquad$


Credit Applied: $\qquad$ Date Applied: $\qquad$ Clerk Initials: $\qquad$

