



# 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.

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## Account Information

Customer Number: \_\_\_\_\_  
Name on the account: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Leak Description

Date leak was discovered: \_\_\_\_\_  
Repair Date: \_\_\_\_\_

Description: explain what happened and how it was repaired

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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@wilsonvilleoregon.gov](mailto:utility@wilsonvilleoregon.gov)**

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