



City of Westport  
 Water Department  
 604 N Montesano St/P.O. Box 505  
 Westport, WA 98595  
 Phone: 360-268-0131 Fax: 360-268-0921

### Water Leak Adjustment Form

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Service Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Leak: \_\_\_\_\_

Date Leak Repaired: \_\_\_\_\_

**REPAIR DESCRIPTION: (PARTS AND REPAIR RECEIPTS OR CONTRACTOR INVOICE(S) REQUIRED)**

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Copy of Repair receipts attached: \_\_\_\_\_  
 (If repaired by owner/tenant)

Copy of Contractor Invoice attached: \_\_\_\_\_  
 (If professionally repaired)

**Please note: Completion of this form does not guarantee an adjustment will be made to your water bill. Once the review is complete, you will receive mail notification of the results from the billing department. Westport Municipal Code Chapter 13.04.035 addresses that if approved by the water supervisor your adjustment will be 35 percent based on your normal water usage for the last 3 billing cycles.**

Owner/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved/Reason: \_\_\_\_\_