



City of Clatskanie
75 S Nehalem St.
PO BOX 9
Clatskanie, OR 97016
Office: 503-728-2622
Fax: 503-728-3297

WATER LEAK ADJUSTMENT REQUEST

REQUIREMENTS FOR WATER LEAK ADJUSTMENT

1. City may request a copy of a receipt to show work has been completed.
2. City Crew will check meter to determine if leak has been fixed.
3. Adjustments are made for ONE month based on the average of the prior six (6) months.

DATE OF REQUEST: _____

ACCOUNT NUMBER: _____

NAME: _____ ADDRESS: _____

TYPE OF WATER LEAK: _____

REPAIR DATE: _____

REPAIRED BY WHOM: _____

Customer Signature

OFFICE USE ONLY

INSPECTED BY: _____

City Official

Reading

_____ Date

Approved

Denied: Reason _____

Signature