



LEAK ADJUSTMENT FORM

Today's Date: _____

Account #: _____ Month(s) Affected: _____

Owner's Name: _____ Phone: _____

Tenant's Name: _____ Phone: _____

Service Address: _____

Where was the leak located?

How was the leak fixed?

PLEASE ATTACH A COPY OF RECEIPT FROM ANY WORK OR MATERIALS USED.

LEAK ADJUSTMENT FORM

Official Use Only

Sent to Shops: _____ Clerk: _____

Meter Number: _____

Leak Fixed? _____ Operator & Date: _____

Read: _____ Previous Read: _____

Owner Notified? (How): _____

Comments: _____

PLEASE RETURN TO CITY OF SUMNER UTILITIES

1104 Maple Street, Sumner WA 98390

utilities@ci.sumner.wa.us

253-299-5546

Fax 253-299-5509