

Woodinville Water District

17238 NE Woodinville-Duvall Road
PO Box 1390
Woodinville, WA 98072-1390
(425) 487-4100
FAX (425) 485-6381

COMMISSIONERS

Ed Cebron
Kenneth Goodwin
Tim Matson
Sandra L. Smith
Karen Steeb

GENERAL MANAGER

Ken Howe

Property owners can receive a Leak Adjustment credit for excess water volume charges resulting from one eligible water system leak on a property every five years.

To be eligible for an adjustment, you must:

- **have NOT** received an adjustment in the previous 5 years (60 months); and
- have a leak deemed undetectable by District staff; adjustments *will not be granted* for internal plumbing leaks considered to be a household maintenance responsibility; and
- have repaired the leak within 30 days of being notified or when the leak was discovered; or have temporarily stopped the leak, have notified the District of the status, **AND** then completed necessary repairs at a later time; and
- provide proof of the repair (receipts for any materials or services related to that repair) or submit a “**No Repair Receipt Documentation**” form. (See page 3).

IMPORTANT: Please be aware that a water bill resulting from a large leak could total **SEVERAL THOUSAND DOLLARS!** Small leaks typically cost less, but can be the sign of a problem water line and indicate **that larger and more expensive** leaks are likely in the future. Since only one Leak Adjustment can be granted to the owner of a property every five years, if you receive an adjustment for a leak, large or small, now, you will **NOT** be eligible for another leak adjustment for five more years. If a service line is prone to future leaks, the best way to reduce the risk of a second leak is to replace the entire line, instead of just patching or spot-fixing the break. Also, because each circumstance is unique, we strongly suggest that you contact your repair provider for professional advice given your particular circumstance.

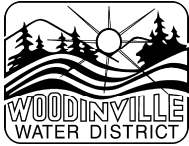
If you determine you qualify and wish to apply for a Leak Adjustment, please complete the form on the next page and return it to our office as soon as possible with the necessary receipts. **NO ACTION CAN BE TAKEN TO PROCESS YOUR ADJUSTMENT UNTIL INFORMATION ON THE COMPLETED APPLICATION FORM IS RECEIVED.**

Note:

- If you haven't received a water bill through the date your leak was repaired, we will process your claim after your next bill. It takes an average of 60 days to process customer Leak Adjustment claims. Your patience during this process will be appreciated. If you qualify, a pay delay will be put on your account so you will not receive any delinquency notices while we process your claim.
- If you pay by Electronic Funds Transfer, and cannot pay the full payment immediately, you may call (425) 487-4100 to request to be temporarily removed from our automatic debit file. We require notice at least 2 weeks before your payment due date. You may reapply after your claim has been processed.
- If this adjustment is for a commercial account that is billed for sewer service, the District will also adjust the METRO and District sewer portions of the bill, and list the adjusted sewer volume on our quarterly METRO report.

Questions? Call Jane Nicholls – at (425) 487- 4124

(Please complete the application on page two)



Woodinville Water District

17238 NE Woodinville-Duvall Road
PO Box 1390
Woodinville, WA 98072-1390
(425) 487-4100
FAX (425) 485-6381

COMMISSIONERS

Ed Cebron
Kenneth Goodwin
Tim Matson
Sandra L. Smith
Karen Steeb

GENERAL MANAGER

Ken Howe

APPLICATION FOR LEAK ADJUSTMENT CREDIT

Name: _____

Date: _____

Mailing Address _____

Customer Number: _____

City, State, & Zip _____

Daytime Phone: _____

Service Address: _____

Date you first noticed your leak: _____

Date the leak was repaired: _____

Where was the leak located? (Please indicate below)

- Inside the house
- Between the house and the water meter
- In the irrigation system

Have you ever received a previous leak adjustment? YES - approximate year _____ NO

Have you attached a receipt for the cost of the leak repairs? YES NO*

If "No", please complete the "No Repair Receipt Documentation" form enclosed with this application. Note: Copies of receipts documenting the repair or a "No Repair Receipt Documentation" form MUST be returned with your completed application, or the application will be returned to you.

Are you the owner of this property? YES NO* - If NO - Landlord's Name _____

Landlord's mailing address: _____ City _____ State _____ Zip Code _____

**District policy states that no leak adjustment credit may be given to a tenant without prior written authorization from the landlord. If you are a tenant, please contact your landlord to discuss this matter before submitting your application.*

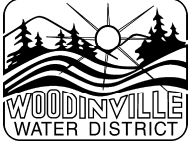
Please describe how your leak was identified or provide any additional facts you think might be helpful below: (or attach an extra page):

How much is your total water bill? _____ How much are you sending in today? (see below) _____

If your request for a Leak Adjustment is approved, a credit will be posted to your account equal to 1/2 of the water volume charges associated with the leak for (1) two-month period, less a \$75 District Administrative Charge. We recommend that you pay the total amount of the bill you received less what you estimate the amount of the Leak Adjustment credit will be, calculated in this manner.

By signing this request, I certify that I understand the terms and conditions of the District Leak Adjustment Policy and acknowledge that I will not be eligible for an additional Leak Adjustment for this property for five years following the date when this Leak Adjustment is granted.

▶Customer Signature _____ Printed Name _____



Woodinville Water District

17238 NE Woodinville-Duvall Road
PO Box 1390
Woodinville, WA 98072-1390
(425) 487-4100
FAX (425) 485-6381

COMMISSIONERS

Ed Cebron
Kenneth Goodwin
Tim Matson
Sandra L. Smith
Karen Steeb

GENERAL MANAGER

Ken Howe

No Repair Receipt Documentation Form

Name

Mailing Address

City, State, & Zip

Customer Number: _____

Service Address: _____

► **THE DISTRICT WILL NOT ACCEPT THIS FORM IF ALL QUESTIONS ARE NOT ANSWERED.**

Please explain where your water line broke:

(attach additional pages if necessary)

Briefly describe repair:

If repair parts were used for this repair or a commercial establishment performed the repair why are receipts not available?

Customer Signature: _____

Date: _____