



LEAK ADJUSTMENT REQUEST FORM

6830 NE 185th St. | Kenmore, WA 98028
Ph: (425) 398-4400 | Fax: (425) 398-4430 | leakadjrequest@nud.net

Application date: _____ NUD Account #: _____

Name of Leak Adjustment Applicant: _____

Service address: _____

Mailing address: _____

Phone number: _____ Email address: _____

Applicant is property Owner Tenant Years living at address: _____

Approximate Date of Leak: _____

Date Leak Repaired: _____

Description of leak and repair:	

Note: Documentation to substantiate repair and repair date is required.

(Invoices and/or receipts, and photographs of repair if possible)

If your request for a Leak Adjustment is approved, the excess water used above your normal usage will be re-calculated at the current wholesale rate, for a period not to exceed 4 months.

By signing this request, I certify that these statements are true and correct and acknowledge that I will not be eligible for an additional Leak Adjustment for this property for 12 months following the date when this Leak Adjustment is granted.

Signature

Date

Please submit form and required documentation to leakadjrequest@nud.net, or mail to P.O. Box 82489, Kenmore WA 98028-2684.