



## LEAK ADJUSTMENT REQUEST FORM

6830 NE 185<sup>th</sup> St. | Kenmore, WA 98028  
Ph: (425) 398-4400 | Fax: (425) 398-4430 | [leakadjrequest@nud.net](mailto: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.

Repairs must be made within 6 months of the customer being notified of the leak.

**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 24 months following the date when this Leak Adjustment is granted.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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