

Water District #125

PO Box 68147

Seatac, WA 98168

(206) 242-9547 Fax (206) 248-1744

CUSTOMER BILLING ADJUSTMENT FORM

Date: _____

Account Number: _____

Property Owner: _____

Service Address: _____

Phone Number: _____

Time Period for Adjustment: _____

I am requesting a billing adjustment on my account due to:
(List Reason)

I understand that the leak must be repaired before an adjustment is made. I am limited to one adjustment per property owner in any five year period for one billing period only.

Signature of Property Owner

Provide copies of receipts documenting repair.

Date Received In District: _____

District Representative: _____

Calculations for Adjustment : _____

Amount of Adjustment: _____

Date of Adjustment: _____