

## **Return completed form to:**

City of Albany Utility Billing PO Box 945 Albany OR 97321 Fax (541) 917-7794

## Utility Billing utilitybilling@cityofalbany.net Request for Leak Adjustment

Please fill in top portion of form and return with receipts of repair.

	Account #:		
Name:			
Service Address	::		
Phone #:		_ Date Repaired:	
Brief Description	on of leak & repair don	ne (including loca	ation of leak on property):
	, state	that all informati	ion above is complete and accurate.
	Signature		Date
		For office use only:	
			Initials
	Year (that yo		
			$\div$ = (# of periods) (average)
(Billed) (Averag	_ = x 0.5 = x le) (hcf to credi		redit)
Month	Year (that yo	ou are adjusting)	
Previous yea	ırs usage:		÷ = (# of periods) (average)
	_ = x 0.5 = x	c \$ = \$	redit)

Total Credit for Leak: \$\_\_\_\_\_