



# City of Kent REQUEST FOR UTILITY LEAK ADJUSTMENT

City of Kent Customer Services  
220 Fourth Avenue S., Kent, WA 98032-5895  
(253) 856-5201 Fax (253) 856-6200  
CustomerService@KentWA.gov

## LEAK ADJUSTMENT POLICY

### PURPOSE

To provide a procedure for approval, calculation and adjustment of water and sewer charges where there is excessive water consumption. To qualify for an adjustment the consumption must be double the previous year's average usage.

### PROCEDURE

Complete the leak adjustment application. It must be signed by the property owner and submitted within 90 days of the last day of the billing period for which an adjustment is requested in order to receive an adjustment. Upon receipt of the completed adjustment application, a City of Kent Meter Reader will visit the property to verify the excessive water issue has been resolved. The application will then be reviewed to confirm it meets the criteria for an adjustment under Kent City Code 7.02.240.

### ADJUSTMENT METHODOLOGY

Leak adjustments for water will be 100% the excess consumption for all account types. Average consumption is determined by looking at the average use over the previous year. If there is insufficient usage history, it may be necessary to establish additional consumption history before an adjustment can be made.

For commercial sewer accounts, 100% of the excess consumption can be adjusted, but only if the water did not enter the sewer system. For instance, a toilet leak would not be eligible. The sewer charge on residential accounts is a flat rate and does not change based on consumption. Therefore, no sewer adjustment is necessary on residential accounts.

### QUESTIONS

Please contact City of Kent Utility Billing at 253-856-5201

## LEAK ADJUSTMENT APPLICATION

Customer Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

Address Where Excessive Usage Occurred \_\_\_\_\_

If Applicable, Approximate Date Leak Noticed \_\_\_\_\_ Date Leak Repaired \_\_\_\_\_

I am requesting an adjustment to my utility bill per City policy. I understand that repairs must be made prior to adjustment and signing this form does not guarantee a billing adjustment will be granted. Incomplete forms will not be processed.

### THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT.

Please contact customer services at (253)856-5201 with any billing questions.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



## LEAK ADJUSTMENT APPLICATION (cont.)

Provide the exact location of the leak by drawing a pencil sketch in the space below:

Describe how the leak was repaired and attach any receipts or invoices to this form:

**FOR CITY USE ONLY**

Visual Inspection Performed By \_\_\_\_\_ Date \_\_\_\_\_ Reading \_\_\_\_\_

Has the customer had a previous adjustment? \_\_\_\_\_ Increased Consumption Reading \_\_\_\_\_

Average Consumption Prior Year \_\_\_\_\_ Is usage double of prior year's average? \_\_\_\_\_

**APPROVED**

**DENIED**

If denied, state reason: \_\_\_\_\_

### LEAK ADJUSTMENT CALCULATION

**Water:**

**Sewer (commercial accounts only):**

|               |  |  |               |  |  |
|---------------|--|--|---------------|--|--|
| Billing Month |  |  | Billing Month |  |  |
| Usage         |  |  | Usage         |  |  |
| Average usage |  |  | Average usage |  |  |
| Difference    |  |  | Difference    |  |  |
| X Unit Cost   |  |  | X Unit Cost   |  |  |
| <b>Total</b>  |  |  | <b>Total</b>  |  |  |

**Total Adjustment** \_\_\_\_\_