City of Poulsbo
Utility Adjustment Request

Date of Request: ____________________

Account Name: ____________________
Mailing Address: ____________________

Service Address: ____________________
Account Number: ____________________

Person Requesting Adjustment: ____________________
Daytime phone: ____________________
e-mail address: ____________________

Please indicate below the reason you are requesting a utility adjustment:

☐ Service Leak: Excessive registration of water meter caused by broken or leaking water service pipe within or abutting upon the premises.

Location on premises where leak occurred: ____________________
Approximate length of time leak continued: ____________________
Description of repairs made: ____________________

Date repairs were completed: ____________________
Request for adjustment should be accompanied by a copy of a receipt for purchased materials or contractor repair invoice.

Is receipt attached?  ☐ Yes ☐ No

☐ Water Meter Accuracy:

This type of adjustment would be due to excessive registration of consumption due to undetermined causes.
The primary basis of these adjustments will be: (1) possible indexing of a meter or (2) vandalism to a meter

A deposit of $50 shall be received from the customer requesting a meter test before the meter will be removed and tested.

To be completed by City Staff:

<table>
<thead>
<tr>
<th>Meter Size:</th>
<th>Receipt #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter #</td>
<td>Date</td>
<td>$</td>
</tr>
</tbody>
</table>

Action Taken: ____________________

Adjustment Authorized:
Assistant P.W. Superintendent ____________________ Date