



**City of Newberg**  
 Billing Department  
 414 E FIRST STREET  
 Newberg, OR 97132  
 (503) 537-1205

**Leak Adjustment Request Form**

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

The City of Newberg's Billing Department allows for a Leak Adjustment credit because of loss of water through a leak in the customer's water line or fixtures once every twelve months. Credits are based upon your average usage for the same period in previous years. This average is deducted from the usage during the month with the highest consumption .

I, \_\_\_\_\_, am the Responsible Party for the account at the above service address.  
 (Give full legal name and/or business name)

I am asking the City of Newberg's Billing Department to reduce the municipal Services Statement for this account because of a leak beginning on \_\_\_\_\_ and repaired on (date) \_\_\_\_\_.

During this period the water lost from this leak was not used by anyone.

**IN ORDER TO PROCESS YOUR APPLICATION QUICKLY & EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION OF THE REPAIRS.**

Location of leak: \_\_\_\_\_

Description of repair: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Attach documentation of the repair date: address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by two (2) employees who witnessed the repair. Repairs done by friends or relatives must sign if no receipts can be submitted.

In all cases, the Billing Department retains the right to make field verifications before approving leak adjustments. You will be notified when your request is approved or denied. Allow minimum of six weeks for adjustment to be processed.

Signature of person requesting leak adjustment: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person who made the repair \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW 6 WEEKS FOR ADJUSTMENT TO BE PROCESSED**