



Leak Adjustment Request Form

Customer Name: _____

Customer Account Number: _____ Phone Number: _____

Service Address: _____

Date Leak Discovered: _____ Date Leak Repaired: _____

Leak Adjustment Request for: Residential Commercial

How was the leak discovered:

Where was the leak located:

How was leak repaired:

What documentation is available as proof of repair:

Owner Signature _____ Date _____

Submit copies of documentation (receipts) with completed leak adjustment request form to:

Soos Creek Water & Sewer District
14616 SE 192nd St
Renton, WA 98058
Phone: 253.630.9900
Fax: 253.630.5289
customer_service@sooscreek.com