

WATER LEAK ADJUSTMENT FORM

Chelan PUD may allow for one leak adjustment credit per service address in a 2-year period due to leaks that were unknown to the customer, in excess of normal, seasonal average consumption, and that has been repaired. Approved billing adjustments are limited to Chelan PUD utility usage charges only; repair costs are not included.

Note: Payments or an arrangement to pay the balance due during the investigation period must be made to avoid delinquency charges and/or service disconnection.

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Please complete the follow	ing information.
Customer Name:	Account #
Service Address:	
Phone:	Email:
Property Owner Name:	Phone:
Date repaired:	Was the service address occupied at the time the leak occurred? Yes No
Provide a description of when	re leak was located and repairs made:
Send this completed form alo	ong with supporting documentation (pictures, receipts) to:
Chelan County PUD Attn: Customer Relations Ma	nader
PO Box 1231	nagei
Wenatchee, WA 98807-1231	
For Office Use Only:	
Date Received:	Adjustment Approved: Denied:
Adjustment Amount:	Adjustment Date: