



9701 50TH AVE E
TACOMA, WA 98446-5444

PHONE # 253-537-7781 FAX # 253-536-1759
EMAIL – service@summitwater.org

UTILITY BILLING ADJUSTMENT REQUEST

Water Leak Adjustment

Was leak repaired? Yes ___ No ___ Date of repair: ___ Documentation? Y ___ No ___
(Please attach)

Late Fee or Delinquent Fee Removal/Processing Fee Removal

Other _____

Name: _____ Account #: _____

Service Address: _____ Phone #: _____

Mailing Address (if different than service address): _____

Describe in detail the reason for the billing adjustment request. If requesting a water leak adjustment, please describe the location of the leak.

Approved : _____ Date: _____

Denied: _____ Date: _____