



CITY OF SUMNER LEAK ADJUSTMENT REQUEST FORM

Today's Date: _____

Account Number: _____ Month(s) Affected: _____

Owner's Name: _____ Phone Number: _____

Tenant's Name: _____ Phone Number: _____

Service Address: _____

Where was the leak located?: _____

How was leak fixed?: _____

PLEASE ATTACH A COPY OF A RECEIPT FROM ANY WORK OR MATERIALS USED.

*****Official Use Only*****Shops 299-5740*****

Sent to Shops: _____ Clerk: _____

Meter Number: _____

Leak Fixed?: _____ Operator & Date: _____

Read: _____ Previous Read: _____

Owner Notified? (How): _____

Comments: _____

PLEASE RETURN TO CITY OF SUMNER UTILITIES

1104 Maple Street, Sumner WA 98390

253-299-5546

Fax 253-299-5509