



King County Water District #90  
15606 SE 128<sup>th</sup> Street  
Renton, WA 98059  
425-255-9600  
425-277-4128 fax

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Dear KCWD 90,

I am requesting a leak adjustment for the billing period ending \_\_\_\_\_.

I confirm that I have repaired or replaced my service line and I have enclosed copies of all related receipts for this repair.

You have my permission to inspect the line to verify that repairs are complete and that my line is no longer leaking.

Thank you.

Sincerely,

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

- Yes, I would like a copy of the adjustment mailed to me.
- No, please call me with the credit amount.