



City of Ocean Shores
Utility Billing Department
800 Anchor Ave | P.O. Box 1539
Phone. 360-289-2487 | Fax. 360-289-0376

Water Leak Adjustment Form

Name _____ Account Number _____
Billing Address _____ Service Location _____
Service Address _____ Date _____
Telephone number _____
Date of Leak _____ Date Leak Repaired _____

REPAIR DESCRIPTION: PARTS AND REPAIR RECEIPTS OR CONTRACTOR INVOICE REQUIRED

Copy of Repair receipts Attached
(If repaired by owner/tenant)

Copy of Contractor Invoice Attached
(If professionally repaired)

Please note: Completion of this form does not guarantee an adjustment will be made to your water bill.
Once the review is complete, you will receive notification of the results from the billing office.
I have read, understand, and agree with the leak adjustment guidelines.

Signature _____ Date _____