

CITY OF MARYSVILLE
UTILITY BILLING
501 DELTA AVE
MARYSVILLE WA 98270
LEAK ADJUSTMENT REQUEST FORM

Utility Billing Phone: 360-363-8001

Utility Billing Fax: 360-651-5175

Utility Billing Email: utilitybilling@marysvillewa.gov

Today's Date: _____

Home Phone: _____

Account Number: _____

Work Phone: _____

Other Phone: _____

Name: _____

Service Address: _____

Leak must be repaired and documentation of the repair must be provided before the adjustment will be considered.

Approximate date leak appeared: _____

Date leak repair was completed: _____

Type of documentation for repair: Invoice: _____ Receipt: _____

Where on your property was the leak located: _____

Description of the leak and repair: _____

By signing this form, I acknowledge that I have read the City of Marysville Leak Adjustment Policy.

Customer Signature: _____

Once the City receives this form and the information is reviewed, we will verify the leak is fixed.

After verification of the leak repair, an adjustment will be made and you will be notified. Leak adjustments are available once