



LEAK ADJUSTMENT APPLICATION FORM

Greater Vernon Water

Leak Adjustment Application Fee of **\$55.00** will be deducted from the credit allotted to the utility account of **approved** leak adjustment applications, per the current *Greater Vernon Water Rates Imposition Bylaw*.

- LEAK ADJUSTMENTS WILL NOT BE CONSIDERED FOR:**
1. Above-ground piping or fixtures and/or where the leak is visible and is not covered by housing, walls, or other permanent structures;
 2. Frozen piping or fixtures that are not sufficiently protected from frost or freezing;
 3. Broken sprinkler heads or above-ground sprinkler systems;
 4. Rental properties;
 5. Routine dripping or leaking faucets, or water leaking commodes/toilets;
 6. Any type of faulty fixture with the exception of catastrophic breaks that were fixed immediately; and
 7. New construction or renovation for a period of one year from completion of construction.

Property address of leak:	
Date leak noticed:	Date repaired:
Account #:	Phone:
Property owner name:	
Are you the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If no, owner prints name here _____ and signs here _____ to confirm applicant may act as their agent.	
Name of applicant (if not property owner):	
Mailing address (if different from above):	

- THE OWNER IS REQUIRED TO PROVIDE:**
1. A detailed description of the leak and how it was repaired, in the space on the back of this form.
 2. A copy of the repair invoices or receipts. If no receipts are available, attach a detailed outline of the work performed and a list of the plumbing parts repaired/replaced in writing by the person responsible for the repair.

PLEASE READ AND INITIAL EACH ITEM:

<input type="checkbox"/>	No recent plumbing repairs that caused the leakage for which an adjustment is sought.
<input type="checkbox"/>	I am familiar with all of the matters of fact stated in this application, swear that they are made on my personal knowledge and that they are each true and correct.
<input type="checkbox"/>	I have read the Terms and Conditions listed on the reverse of this form.

Signature of applicant(s):	Date:
----------------------------	-------

Please submit via email at utilities@rdno.ca, fax **250-550-3701** or drop off to the RDNO office

OFFICE USE ONLY			
<input type="checkbox"/> Approved	_____	_____	_____
	Signature	Print Name	Date
<input type="checkbox"/> Not approved			

