



# LEAK ADJUSTMENT APPLICATION FORM

## 6 L O Y H U 6 W D U Water

Leak Adjustment Application Fee of \$5 .00 per the current 6 L O Y H U 6 W D U : D W H U

**LEAK ADJUSTMENTS WILL NOT BE CONSIDERED FOR:**

1. Above-ground ~~ON NY Q QL D W WSSNHU RVI \ V W H~~
2. ~~%UR HN QSVUNHOUU G K~~  
 Routine dripping or leaking faucets, leaking commodes/toilets or any type of faulty fixture; and
4. New construction for a period of one year

Property address of leak:

Date leak noticed:	Date repaired:
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Account #:	Phone:
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Property owner name:

Are you the property owner?  Yes  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:
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Please submit via email at [utilities@rdno.ca](mailto: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			

