



# 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:

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| 1. Above-ground piping or fixtures and/or where the leak is visible and is not covered by housing, walls, or other permanent structures; | 4. Rental properties;  |
| 2. Frozen piping or fixtures that are not sufficiently protected from frost or freezing;   | 5. Routine dripping or leaking faucets, or water leaking commodes/toilets;                               |
| 3. Broken sprinkler heads or above-ground sprinkler systems;   | 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:
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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:**

	No recent plumbing repairs that caused the leakage for which an adjustment is sought.
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	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.
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	I have read the Terms and Conditions listed on the reverse of this form.
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Signature of applicant(s):	Date:
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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			

