



LEAK ADJUSTMENT APPLICATION FORM

SILVER STAR WATER UTILITY

LEAK ADJUSTMENT APPLICATION FEE: **\$50.00** PER SILVER STAR WATER FEES IMPOSITION BYLAW AS AMENDED.

NOTE: APPLICATIONS FOR LEAK ADJUSTMENT MAY ONLY BE SUBMITTED ONE TIME IN A 36 MONTH PERIOD

DATE:	ACCOUNT #:	PHONE:
-------	------------	--------

NAME ON ACCOUNT:

NAME OF APPLICANT (if not property owner):

ADDRESS OF PROPERTY APPLIED FOR:

MAILING ADDRESS (if different from above):

DATE LEAK WAS NOTICED:

DATE LEAK WAS REPAIRED:

ARE YOU THE PROPERTY OWNER? Yes No
If not, have you notified the owner(s)? Yes No **(Consent of owner required)**

Describe the reason(s) for the requested leak adjustment: (Attach any supporting documentation):

Please read and initial each item:

_____ There have been no recent plumbing repairs which caused the leakage for which an adjustment is sought.

_____ I am personally familiar with all of the matters of fact stated in this application and swear that they are made on my personal knowledge and that they are each true and correct.

THE APPLICANT HAS TO COMPLETE THE FOLLOWING:

1. Attach a copy of the repair invoices or receipts. If no receipts are available, attach a detailed outline of the work performed in writing by the person responsible for the repair.
2. Attach a letter of explanation if repairs were made by you.
3. In order to process your leak adjustment in a timely manner, please complete form in full or your request will be returned to you.
4. The Regional District's representative has the right of access and inspection to determine the leak was repaired.

SIGNATURE OF APPLICANT(S):	DATE:
----------------------------	-------

OFFICE USE ONLY

<input type="checkbox"/> APPROVED	_____	_____	_____
<input type="checkbox"/> DENIED	SIGNATURE	PRINT NAME	DATE
			RECEIPT #

Updated on: April 21, 2016