



LEAK ADJUSTMENT APPLICATION FORM

Silver Star Water

Leak Adjustment Application Fee of **\$64.00** will be deducted from the credit allotted to the utility account of **approved** leak adjustment applications, per the current *Small Utilities Rates and Regulations Bylaw*.

LEAK ADJUSTMENTS WILL NOT BE CONSIDERED FOR:

- | | |
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| <ol style="list-style-type: none"> 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; | <ol style="list-style-type: none"> 4. Routine dripping or leaking faucets, or water leaking commodes/toilets; 5. Any type of faulty fixture with the exception of catastrophic breaks that were fixed immediately; and 6. New construction for a period of one year. |
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Property address of leak:

Date leak noticed:

Date repaired:

Account #:

Phone:

Email:

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. Photos before and after the repair are also acceptable.

PLEASE READ AND INITIAL EACH ITEM:

- | | |
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| | No recent plumbing repairs that caused the leakage for which an adjustment is sought. |
| | 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. |
| | I have read the Terms and Conditions listed on the reverse of this form. |

Signature of applicant(s):

Date:

OFFICE USE ONLY

- Approved Print Name: _____ Signature: _____ Date: _____
- Not Approved

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

