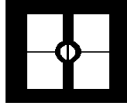


CITY OF HILLSBORO UTILITIES COMMISSION



**150 E MAIN ST.
HILLSBORO, OR 97123**

Phone: 503-681-6163

Fax: 503-681-6213

Email: ubcustomerserv@ci.hillsboro.or.us

REQUEST FOR BILLING ADJUSTMENT FORM

The City of Hillsboro Utilities Commission has a policy of issuing partial adjustments for water leaks that are repaired by customers in a timely manner. Generally, we expect customers to repair leaks within 10 days of discovery or notification. Adjustments issued are based on your average usage for the same period in previous year(s). This average is deducted from the total consumption used during the time of the leak and an adjustment of 50% of the water loss will be credited to your account.

**Describe the repairs (including location) or specific circumstance of your request:
Please Print**

Today's Date: _____ **Date leak found:** _____

Date leak repaired: _____ **Account #:** _____

Account name and Phone Number: _____ () - _____

Service Address: _____

Mailing Address: _____
(If different) Street address City State Zip code

DOCUMENTATION REQUIRED TO CONSIDER LEAK ADJUSTMENT

ATTACH COPY OF PLUMBING BILL OR RECEIPT OR ESTIMATED COST OF REPLACING DEFECTIVE PART(S) REQUIRED TO FIX THE LEAK

FOR OFFICE USE ONLY

ISSUED BY: _____ **METER #:** _____ **MIU #** _____

METER READING: _____ **DATE OF READING:** _____ **METER READ BY:** _____

LEAK REPAIRED? YES ___ NO ___