



18631 SE 300<sup>th</sup> Place  
Covington, WA 98042  
Phone: 253-631-0565  
Fax: 253-630-4825

### Water Leak Adjustment Application

Since our community's groundwater supply is limited and using it efficiently is of prime importance, the District urges customers to repair all leaks promptly. To support our customers in this endeavor, the District offers one leak adjustment, every five years during the term of home ownership. Customers are responsible for their average consumption at the District's per unit water rates, plus the leaked usage at the Wholesale Water Rate. Average consumption is based on the actual consumption for the same period in the previous year. Leak adjustments may only cover up to two consecutive billing cycles.

**This application must be submitted within two (2) billing cycles or (120 days) from the date of the District's billing statement associated with a leak or High Consumption Notice. Once processed, you will be notified regarding the outcome of your request.**

Customer Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Approximate Date Leak Noticed: \_\_\_\_\_ Date Leak repaired: \_\_\_\_\_

Exact Location of Leak: \_\_\_\_\_

Description of Repairs: \_\_\_\_\_

Leak Repaired By: \_\_\_\_\_

**\*\* A copy of the repair invoices/ store receipts for parts used in the repair must be attached to process this request. \*\***

### AUTOPAY

If you are enrolled in autopay and **DO NOT** wish for your next scheduled payment to be automatically withdrawn from your account, please log into your online account, and temporarily update your settings.

**\*To resume autopay, please log into your online account and update your settings.**

☐ I have read the above and understand adjusting my autopay settings is my responsibility.

I hereby notify the Covington Water District that I have sustained a water leak at the above address and that it has been repaired. I acknowledge this request for an adjustment to my utility bill per District policy, does not guarantee a billing adjustment will be granted and that if I am authorized to receive an adjustment only one leak adjustment will be allowed for my account in any 5-year period.

☐ I have checked my low flow indicator for movement and confirm no movement was detected.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact Customer Service at (253) 631-0565 or by email at [customer.service@covingtonwater.com](mailto:customer.service@covingtonwater.com) with any questions.