

**Westport Water Association**

**WWA – A co-operative non-profit organization**

49206 Hwy 30, Westport OR 97016

503.455.9201

**Water Leak Adjustment Request**

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Leak Discovered: \_\_\_\_\_ Repair Date: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am the account holder, and the leak has been repaired. I request the Westport Water Association consider my request for a water leak adjustment.

As per WWA Policy only one leak adjustment per 12 months can be granted.

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_ WWA Board Approval Date: \_\_\_\_\_