CITY OF PUYALLUP

Utilities Division
333 S Meridian
Puyallup, WA 98371

253(841-5550)
Fax 253(770-3335)
copbilling@puyallupwa.gov

LEAK ADJUSTMENT REQUEST FORM

NAME: _____ACCOUNT NUMBER: _____

ADDRESS: _____

PLEASE DESCRIBE THE NATURE OF THE LEAK AND THE DATE IT WAS FIXED:

_____

_____

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PLEASE NOTE THAT COPIES OF THE REPAIR RECEIPTS ARE REQUIRED TO COMPLETE THE LEAK ADJUSTMENT PROCESS.

_____

CUSTOMER'S SIGNATURE _____ DATE _____

PHONE _____ EMAIL ADDRESS: _____

Updated 8/24/21 mp