



**CITY OF BLACK DIAMOND**  
**Leak Credit Request Form**  
 PO Box 599 - 24301 Roberts Drive  
 Black Diamond, WA 98010  
 Phone: 360.886.5700 - Fax: 360.886.2592

**ACCOUNT INFORMATION**

DATE:	
MONTH OF LEAK REQUEST:	
ACCOUNT NUMBER:	
NAME ON ACCOUNT:	
SERVICE ADDRESS:	
HOME PHONE:	
WORK/CELL PHONE:	

***DOCUMENTATION WILL NEED TO BE PROVIDED  
 BY YOU TO VERIFY LEAK***

**REASON FOR REQUEST:**

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SIGNATURE: _____ DATE: _____

**BLACK DIAMOND MUNICIPAL CODE**

**Ordinance 13.04.290 - Water Line break - Adjustment in bill.**

**A.** In the event a leak or failure of a private water system or private service between the meter and the structure located on private property results in excess consumption, the city may, through a determination of the city administrator, provide for a **rate adjustment up to fifty percent** of the volume consumed in any one-month period in excess of the monthly average of water consumed over the previous twelve months at the service address.

**CITY AUTHORIZATION**

LEAK VERIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:	INITIAL:
CREDIT DONE	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:	INITIAL: