

Water/Wastewater Leak Adjustment Request



If you have experienced a leak on your property and it has impacted your utility bill, please use the following information to complete the Water/Wastewater Leak Adjustment Request Form to request an adjustment to your bill.

1. Complete a copy of the Water/Wastewater Leak Adjustment Request Form which accompanies this document.
2. Be sure that all of your correspondence includes your service address, your current utility account number, and your daytime telephone number.
3. After you have repaired a leak on your property, please provide the following information to document your repair activities and your costs:
 - ✓ A completed Water/Wastewater Leak Adjustment Request Form
 - ✓ A copy of your plumber's bill
 - ✓ All receipts for materials
 - ✓ A current sub-meter reading if premise has an irrigation system

Submit the required form via mail, email, or fax to:

City of Owen Sound
Attention: Water/Wastewater Billing Department
808 2nd Ave. East
Owen Sound, ON. N4K 2H4
Email: waterbilling@owensound.ca
Fax: 519-371-0511

The City of Owen Sound must receive all of the required information. Once the required documentation has been received, we will review your water use over the past 9 months to determine your average water consumption. When determining the credit, we compute the average and credit one-half of the amount in excess water reflected on the utility bill. If your account does not have at least a one year history of water consumption it may delay our response to your request until such time that your account has accumulated a "normal use" history over a period of approximately four weeks.

- The City of Owen Sound offers a one-time leak adjustment per property. No adjustments will be made for bills less than \$250.00
- An adjustment will be considered after all leaks have been repaired and verified with an actual meter reading.
- Adjustment shall not be considered for disputed bills that are over six months old.
- Payment equivalent to a normal usage bill is required during the review process to keep your account current.
- This form must be completed and returned within twenty one (21) days after receiving the bill.

Please feel free to contact the City of Owen Sound Water/Wastewater Billing at 519-376-4440 ext. 1243

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This form is not a guarantee that a credit will be applied to your utility bill. You will be notified by phone or letter if the request cannot be granted, or if additional information is needed. By submitting this form and all required documentation, Customer certifies that all information is true and correct to the best of their knowledge.

Date: _____

Customer Name: _____ Utility Account Number: _____

Service Address: _____

Daytime Contact Phone No.: _____

Questions:

1) Do you live on the property? Yes No

2) What is the zoning on the property in question?

Residential Commercial Institutional Industrial Agricultural

3) Have you received a leak adjustment on this property previously? Yes No

Type of Leak:

Toilet Pipe Other : _____

Date leak occurred: _____ Date leak Repaired: _____

Required Documentation:

Copy of repair invoice attached (if repaired professionally) Yes No

OR

Copy of repair receipts attached (if repaired by owner/tenant or agent) Yes No

Brief description of leak and action taken to repair (Attach more pages, if needed):

Please return this form and documentation via mail, email, facsimile, or in person.