



# LEAK ADJUSTMENT APPLICATION FORM

## Silver Star Water

Leak Adjustment Application Fee of **\$60.00** will be deducted from the credit allotted to the utility account of **approved** leak adjustment applications, per the current *Small Utilities Rates and Regulations Bylaw*.

**LEAK ADJUSTMENTS WILL NOT BE CONSIDERED FOR:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Above-ground piping or fixtures and/or where the leak is visible and is not covered by housing, walls, or other permanent structures;</li> <li>2. Frozen piping or fixtures that are not sufficiently protected from frost or freezing;</li> <li>3. Broken sprinkler heads or above-ground sprinkler systems;</li> </ol> | <ol style="list-style-type: none"> <li>4. Routine dripping or leaking faucets, or water leaking commodes/toilets;</li> <li>5. Any type of faulty fixture with the exception of catastrophic breaks that were fixed immediately; and</li> <li>6. New construction for a period of one year.</li> </ol> |
|--|---|

Property address of leak:

Date leak noticed:

Date repaired:

Account #:

Phone:

Email:

Property owner name:

Are you the Property Owner?  Yes  No

\*If no, owner prints name here \_\_\_\_\_ and signs here \_\_\_\_\_ to confirm applicant may act as their agent.

Name of applicant (if not property owner):

Mailing address (if different from above):

**THE OWNER IS REQUIRED TO PROVIDE:**

1. A detailed description of the leak and how it was repaired, in the space on the back of this form.
2. A copy of the repair invoices or receipts. If no receipts are available, attach a detailed outline of the work performed and a list of the plumbing parts repaired/replaced in writing by the person responsible for the repair. Photos before and after the repair are also acceptable.

**PLEASE READ AND INITIAL EACH ITEM:**

- |  |  |
|--|--|
|  | No recent plumbing repairs that caused the leakage for which an adjustment is sought.  |
|  | I am familiar with all of the matters of fact stated in this application, swear that they are made on my personal knowledge and that they are each true and correct. |
|  | I have read the Terms and Conditions listed on the reverse of this form.   |

Signature of applicant(s):

Date:

**OFFICE USE ONLY**

- Approved      Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Not Approved

**Please submit via email at [utilities@rdno.ca](mailto:utilities@rdno.ca), fax 250-550-3701 or drop off to the RDNO office**

