

City of Klamath Falls

Utility Billing Department
222 S. 6th St. Klamath Falls, OR 97601
(541)883-5301 Business (541)882-1418 Fax
TTY (541) 883-5324 (Hearing Impaired)



PLEASE READ THE FOLLOWING BEFORE COMPLETING A LEAK ADJUSTMENT FORM:

- We will adjust the water/sewer portion of your bill due to a leak, once annually (not calendar year) based on actual water consumption.
- Adjustments **for sewer** are available only to customers on City Sewer.
- Leaks must be repaired, and leak adjustment paperwork must be submitted within 30 days of detection unless approval is granted by the Utility Billing Manager.
- If the request for adjustment is granted, we will adjust the **sewer** portion for 2 billing months. This will be based on a per day average of normal consumption
- Please allow 2-3 weeks for your adjustment to be processed. (In order to give you an accurate adjustment, we need to get a read on your meter after your leak has been repaired.)
- Please attach any plumbing receipts and/or letter of explanation.
- Remember to fill out all information listed on the Leak Adjustment Form. Incomplete forms cannot be processed.
- If your adjustment is denied, a Representative will call you, or a notice will be sent by mail.
- Remember to continue to make regular monthly payments on your account while waiting for your leak adjustment. Nonpayment of account could result in disconnection of service and additional fees. Payment arrangements are available and need to be made in person at 222 S. 6th St.
- We will also review your account for a possible leak adjustment to the water portion of the bill. We will not adjust the **water or sewer** bills for toilet leaks or inside faucet leaks. We also will not adjust **water** for irrigation leaks.
- We will not make any adjustments for breaks inside the house which are covered by a homeowner's insurance claim.
- The water leak has to have increased the water bill by 100% over the same period last year; or a 100% increase based on the current per day average to qualify for an adjustment for water. The adjustment will be **50% of the amount over the regular bill amount**. We will only adjust one month **of water** up to the point the leak is discovered.



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Leak Adjustment Request

 Account Number

 Customer Name

 Service Address

 Mailing Address (if different)

 Phone Number

 Owner/Landlord Name

Explanation and location of leak: _____

 Date Repaired

 Repaired By

X _____
 Customer Signature

 Date

Office Use ↓

Service	Service Period	Billed Cons	Amount Billed	Adj Cons	Adjusted Amount

\$ _____

Total Sewer

 Today's Date

\$ _____

Total Water

\$ _____

Total Discount

 Approved By

 Entered By