



CITY OF KIRKLAND
123 5TH AVE KIRKLAND, WA 98033
PHONE: 425-587-3150 · FAX 425-587-3110
UTILITYBILLING@KIRKLANDWA.GOV

LEAK ADJUSTMENT CRITERIA

The City of Kirkland offers adjustments for lost water to qualifying utility customers that meet the following criteria eligibility:

- Have a leak deemed undetectable by the homeowner
- Provide proof of the repair (receipts for any materials or services related to that repair)
- Must be part of the plumbing system

Kirkland Municipal Code 15.24.050 - All water lost from any size meter unknown to the owner and proved to be a failure in the plumbing, may be charged out at current wholesale plus ten percent and the owner's bill credited for the balance. (Ord. 3368 § 8 (part), 1993: Ord. 2129 § 1 (part), 1970: Ord. 2062 § 6.04, 1969).

Please note: NO ADJUSTMENTS are made for leaks to irrigation systems, pools, water features or boat docks, as they are not a part of the plumbing system.

IMPORTANT:

Please be aware that a large leak may result in a water bill that could total SEVERAL THOUSAND DOLLARS. Small leaks are typically less, but many small leaks are often a sign of a problem water line and indicate that larger and more expensive leaks are likely to happen in the future. If a service line is prone to future leaks, the best way to reduce the risk of a second leak is not to patch or "spot-fix" the break, but to replace the entire line. Because each circumstance is unique, we strongly suggest that you contact your repair provider for professional advice given your particular circumstance.

Leak adjustment methodology:

The consumption during the leak period will be compared to the consumption period for the same time during the previous three years. The difference in usage will be a credit to the account calculated at the consumption rate less the city cost per unit plus 10%. If a three year history is not available the City will use an average base on occupancy or process the adjustment after actual usage can be determined.

If you determine you qualify and wish to apply for a Leak Adjustment, please complete the attached form and return it to our office as soon as possible with the necessary receipts. No action can be taken to process your request for adjustment until the information on the completed application is received.



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**LEAK
 ADJUSTMENT
 CRITERIA**

Name: _____ Date: _____

Service address: _____ Account number: _____

Mailing address: _____ City: _____ State: _____ Zip _____

Daytime Phone: _____ Email address: _____

Are you the owner of this property? Yes _____ No _____

Landlord's Name _____

Landlord's mailing address: _____ City _____ State _____ Zip _____

Date rental agreement commenced: _____

Please attach copies of all receipts, repair bills and photographs pertaining to this leak.

Date you first noticed your leak: _____ Date the leak was repaired: _____

Where was the leak located? (circle one)

Inside the house Between the house and the water meter Other (please indicate below)

Please describe how your leak was identified or provide any additional facts you think might be helpful below:
 (or attach an extra page)

Multifamily/Commercial accounts- Where did the water leak to? _____

Have you ever received a previous leak adjustment? Yes _____ No _____
 If "Yes" date of adjustment _____

Copies of receipts documenting the repair **MUST** be returned with your completed application,
 or the application will be returned to you.

By signing this request, I certify that I understand the terms and conditions of the leak adjustment policy.

Have you attached a receipt for the cost of the leak repairs? Yes _____ No _____

Customer signature _____ Printed name _____



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**NO REPAIR RECEIPT
DOCUMENTATION FORM**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Customer Number: _____

Please explain where your water line broke:

(additional pages if necessary)

Briefly describe repair:

If repair parts were used for this repair or a commercial establishment performed the repair why are receipts not available?

Customer Signature: _____

Date: _____