



#111, KING COUNTY

27224 144th Avenue S.E.  
Kent, WA 98042-9058

# Leak Credit Application

Customer: _____	Date _____
Address: _____	Kent, WA _____
Account # _____	Telephone # _____

Explain circumstance for leak credit request: \_\_\_\_\_

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Leak notification date: \_\_\_\_\_ by whom: \_\_\_\_\_

Date leak repaired: \_\_\_\_\_

I do hereby certify that the above is a true and correct statement.

\_\_\_\_\_  
Customer signature

Should you have any questions or require additional information, please contact us at: 253-631-3770.

Office hours: 8:00 AM – 4:30 PM - Monday through Friday