



#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 and explain how leak was fixed: _____

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