
APPLICATION FOR LEAK ADJUSTMENT

Date of Submission: ____/____/____
DD MM YYYY

Account Number (six digit number):

Applicant Name:

Site Address:

Postal Code:

Email Address:

Telephone:

Cause of the Problem:

Date Repaired:

Meter Read at Date of Repair:

- **Important:** Only one fee adjustment for a leak once every 5 years according to [Bylaw No. 3620 section 44 \(1\)\(d\)](#).
- An application needs to be completed, within 60 days of the billing date, in order to process an adjustment for a possible leak.
- A Water Leak Administration Fee, in the amount of \$50.00, is applicable according to [Bylaw No. 3903, 2023 Fees and Charges Amendment section - Schedule C \(38\)](#).

PROOF OF REPAIR DOCUMENTATION IS REQUIRED:

Please send a copy of the Plumber's Repair invoice and/or receipts via email, in person, or by mailing it to our Municipal Office.

I acknowledge that I have read and understand the *conditions* for being granted a leak adjustment.

Account Owner/Holder's Signature: _____

Email: finance@northcowichan.ca

(Mail to: North Cowichan Municipality Attn: Finance Department,
7030 Trans-Canada Hwy Duncan, BC V9L 6A1 or Phone: 250.746.3100 / Fax: 250.746.3133)

For Office Use Only

Who identified the problem?

When?

Site Address:

Telephone:

Previous Reading & Date:

Present Reading & Date:

Adjustments:

Approved? Yes No

Employee Signature:
