

## LEAK ADJUSTMENT

**Application** 

20110/111	, tpp://dai.org
APPLICANT INFORMATION	Submission Date:
Name:	_
Mailing Address:	
E-mail address:	Telephone:
Utility Account Number:	
INCIDENT INFORMATION	
Site Address:	<del>-</del>
Cause of Problem:	
Date Repaired:	
REQUIRED DOCUMENTATION	
Copy of repair invoice and/or receipts  No receipts available. (Attach a detailed Photo(s) attached (optional)	doutline of the work performed in writing by the person responsible for the repair.)
	eak must be repaired and a complete Leak Adjustment Application received at ng means no more than 30 days from the current utility bill's due date.
<ul><li>By e-mail to: <u>utilities@duncan.</u></li><li>By mail/In-person to: Duncan C</li></ul>	<u>ca</u> ; or City Hall, Attn. Finance Department, 200 Craig Street, Duncan, BC V9L 1W3
Applications will be reviewed in accordance No. 3213 as amended from time to time	ance with section 7.9 of the City of Duncan Waterworks Regulation Bylaw e.
Questions? Contact <u>utilities@duncan.ca</u>	<u>a</u> or 250-746-6126.
APPLICANT SIGNATURE	
I acknowledge that I have ready and un section 7.9 of the City of Duncan Water	derstand the conditions for being granted a leak adjustment as described in works Regulation Bylaw No. 3213.
Account Holder's Signature:	
OFFICE USE ONLY	
Who identified the problem?	
When?	
Previous Reading & Date:	
Present Reading & Date:	
Adjustments:	Approved?
Collector's Signature:	Fee Paid? Yes No
will only be used for the purpose of processing th	collected pursuant to Section 26 of the <i>Freedom of Information and Protection of Privacy Act</i> and is application. Your personal information will not be released except in accordance with the <i>rAct</i> . Questions about the collection of your personal information may be referred to the

Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.