



1519 NE 177<sup>th</sup> ST • Shoreline, WA 98155 • Phone: 206-362-8100 • Fax: 206-361-0629  
Email: [billing@shorelinewater.org](mailto:billing@shorelinewater.org)

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### CLAIM FOR REDUCTION OF WATER CHARGES

The undersigned affirms to the truth of the following facts concerning this *Claim For Reduction of Water Charges*. Such represented facts to be used by the Board of Commissioners of Shoreline Water District, in its proceedings or investigation of said claim at a duly constituted and convened meeting of said Board. **(Note: Please provide a timeline of events such as date leak was noticed and repaired. On the back of the form provide a sketch of the location of the leak. Also include copies of all receipts for the work done. There is a \$10.00 fee for each billing period adjusted. We are able to adjust up to two billing cycles per leak and only 2 leak adjustments for the time that you own the home.)**

#### FACTS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Customer Number

\_\_\_\_\_  
Work Phone