



CITY OF FERNDALE  
 PO BOX 936  
 2095 MAIN ST  
 FERNDALE WA 98248  
 PH (360) 384-4269 FAX (360) 384-1163

**APPLICATION FOR ADJUSTMENT TO  
 WATER AND/OR SEWER BILLS**

I, \_\_\_\_\_, am applying for an adjustment to my water and/or sewer bill for the address listed below in accordance with Ferndale Municipal Code as follows:

**Rate adjustments for leakage**

**FERNDALE MUNICIPAL CODE  
 Title 13 Section 13.04.120**

- A. Adjustments will only be made to bills by staff for single service connections. Said adjustments shall be limited to one (1) adjustment per 24 months per account.
- B. Adjustments shall be such that the bill for the 60-day billing period immediately prior to the discovery of the leak shall be adjusted and become the average of the previous year or three preceding billing periods, whichever is greater. All amounts in excess of average shall be charged at half the current rate for water and sewer per 100 cubic feet of water expended. The overage charges cannot exceed \$250.00 for water and \$250.00 for sewer.
- C. Where adjustments are sought they shall be applied only for the time the leak occurred.
- D. The City staff will assist in notification of leaks, but it shall remain the property owners' responsibility to discover and repair the leak. Upon notification by the City of a leak the owner must schedule repairs within 10 working days or forfeit all rights to an adjustment.
- E. All requests for adjustments shall be submitted in writing using the City of Ferndale application for an adjustment.
- F. All requests to adjust bill for multiple services connected by one (1) meter, or requests for more than one(1) adjustment per 24 months, will be forwarded to the Utility Committee for their concurrence. Streets and Utilities Committee shall review adjustments where leakage appears to be 300 percent or more of normal usage.
- G. No adjustment shall be made for loss of less than 300 cubic feet.

Service Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Approximate day leak started: \_\_\_\_\_ Date repaired: \_\_\_\_\_

**Please provide a description of the leak and repair that was performed. Attach any additional pages and copies of invoices or receipts that were used to complete the repair.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_