



CITY OF ASTORIA
Utilities Department
1095 Duane
Astoria OR 97103
(503) 338-5172

LEAK ADJUSTMENT REQUEST

Customer Name: _____

Customer Account Number: _____

Service Address: _____

Date Problem Discovered: _____

Receipts Attached: Yes _____ No _____

Is Payment Via EZ Pay Auto Pay? Yes _____ No _____

Description: _____

Date Repaired: _____

Based upon the above information, an adjustment to our charges is respectfully requested.

CUSTOMER SIGNATURE

Date: _____

Return by fax to (503) 338-6630
By E-Mail to: jjohnson@astoria.or.us
In person to: 1095 Duane St, Astoria OR 97103