



Lake Meridian  
WATER DISTRICT

27224 144<sup>th</sup> Ave SE, Kent, WA 98042  
phone 253-631-3770 fax 253-631-8072

# Leak Credit Application

Customer: _____	Date _____
Address: _____	WA, _____
Account # _____	Telephone # _____

Explain circumstance for leak credit request and explain how leak was fixed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leak notification date: \_\_\_\_\_ by whom: \_\_\_\_\_

Date leak repaired: \_\_\_\_\_

I do hereby certify that the above is a true and correct statement.

\_\_\_\_\_  
Customer signature

Should you have any questions or require additional information, please contact us at: 253-631-3770.