



Return completed form to:
 City of Albany Utility Billing
 PO Box 945
 Albany OR 97321
 Fax (541) 917-7794
 utilitybilling@cityofalbany.net

Utility Billing Request for Leak Adjustment

Please fill in top portion of form and **return with receipts of repair.**

Account #: _____

Name: _____

Service Address: _____

Phone #: _____ Date Repaired: _____

Brief Description of leak & repair done (including location of leak on property):

I, _____, state that all information above is complete and accurate.
Print Name

Signature Date

For office use only:

Date Adj. Entered _____ Initials _____

Month _____ Year _____ (that you are adjusting)

Previous years usage: _____ ÷ _____ = _____
(# of periods) (average)

_____ - _____ = _____ x 0.5 = _____ x \$ _____ = \$ _____
(Billed) (Average) (hcf to credit) (Rate) (Credit)

Month _____ Year _____ (that you are adjusting)

Previous years usage: _____ ÷ _____ = _____
(# of periods) (average)

_____ - _____ = _____ x 0.5 = _____ x \$ _____ = \$ _____
(Billed) (Average) (hcf to credit) (Rate) (Credit)

Total Credit for Leak: \$ _____