Return completed form to:
City of Albany Utility Billing
333 Broadalbin St SW
PO Box 945
Albany OR 97321
(541) 917-7547

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: $_____