

SHORELINE WATER DISTRICT
1519 NE 177th Street
P.O. Box 55367
Shoreline, WA 98155
Phone (206) 362-8100
Fax (206) 361-0629

CLAIM FOR REDUCTION OF WATER CHARGES

The undersigned affirms to the truth of the following facts concerning this *Claim For Reduction of Water Charges*. Such represented facts to be used by the Board of Commissioners of Shoreline Water District, in it's proceedings or investigation of said claim at a duly constituted and convened meeting of said Board. **(Note: Please provide a detailed paragraph. On the back of the form provide a sketch of the location of leak. Also include copies of all receipts for the work done. There is a \$10.00 fee for each billing period adjusted. Only two billing periods maximum.)**

FACTS

Signature

Address

Date

Home Phone

Customer Number

Work Phone