



Lewiston Orchards Irrigation District
1520 Powers Avenue
Lewiston, ID 83501
(208) 746- 8235

Water Leak Adjustment Request Form

Customer's Name as listed on the Account: _____ Account Number: _____

Service Address: _____ Telephone Number: _____

Date(s) of Bill(s) containing water volumes associated with the leak: _____ Leak Repair Date: _____

The Water Leak Adjustment Request Form and documentation of repairs must be received within thirty (30) days from the bill date listed on the Customer's water bill for the period in which the leak occurred.

*What was the source of the leak?

*Describe what was done to fix or correct the water leak problem(s). Proof of repair is requested and should be submitted with this form. In the absence of documentation of repair, Lewiston Orchards Irrigation District will accept the Customer's signature below as an affirmation that repairs have been completed.

*Has a water leak adjustment been requested or made for this service address during the last two years?

No _____ Yes _____ If yes, when? _____

*If residential, how many people reside at the service address? _____

*Was the premises vacant or unoccupied when the leak occurred? Yes _____ No _____

*If yes, please provide the period of time of the vacancy: _____

As the Customer for the above listed service address, I hereby apply for a billing adjustment under Lewiston Orchards Irrigation District Leak Adjustment Policy. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only one water leak adjustment may be applied to my account in any 24 month period.

Customer's Name: _____ (Please print) Date: _____

Customer's Signature: _____

If you need additional information please call our office at (208) 746-8235. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to:

Lewiston Orchards Irrigation District
Water Leak Adjustment Program
1520 Powers Avenue
Lewiston, ID 83501

You may fax or email your completed application including documentation to:

Fax: (208) 746-6464 or Email: rbaldus@loid.net

If you choose to fax or email your application you willingly accept all risks related to the interception, misaddressed, mis-delivered, or otherwise unsecured transmissions.