



UNDETECTED LEAK ADJUSTMENT APPLICATION

Date: _____ Account Number: _____

Name(s) on Account: _____

Service Address: _____
Street Number, Name and Unit Number City Postal Code

Mailing Address (if different): _____
Street Number, Name and Unit Number City Postal Code

CONTACT INFORMATION

Phone: _____ Alternate Phone: _____

Email Address: _____

Date of Bill with Undetected Leak: _____

LEAK INFORMATION

When did the leak occur or when was the leak discovered?

Where did the leak occur (i.e. plumbing fixture, irrigation, etc.)?

Who repaired the leak? (Is there an invoice for the repair?)

Are there photos of the leak/repair? Yes No

I, the undersigned, hereby apply for a leak adjustment under the Cowichan Valley Regional District Bylaw No. 4474 – Water Systems Regulatory and Management Amendment Bylaw, 2023 – Undetected Leaks Policy. In signing this application, I certify that all of the information I have provided is true and accurate.

Signature: _____ Date Signed: _____

Please submit the completed Undetected Leak Adjustment Application to Utilities@cvrd.bc.ca with applicable supporting documents (photos, invoices, receipts, etc.). Proof of repair is required and must be submitted with this form.

For any questions and inquiries regarding the Undetected Leak Adjustment Application or the Water Metering Program, please email Utilities@cvrd.bc.ca or call 250.746.2530.

PLEASE NOTE: Completion of this form does not guarantee an adjustment will be granted.

