



REQUEST FOR UTILITY INVOICE REVIEW

Inquiries or complaints on a specific utility invoice must be made before the due date.

This form should only be used for water **consumption** related inquiries.

Invoices under review are still subject to penalty for non-payment. If the review results in an adjustment to the invoice, the adjustment will appear as a credit on the account.

Failure to receive an invoice that was mailed to the current mailing address on file for the account does not waive obligation to pay same when due.

ACCOUNT INFORMATION

Name _____ Date _____

Utility Account Number _____ Amount of Current Invoice \$ _____

Utility Service Address _____

Email _____ Phone _____

PROPERTY INFORMATION

What is the zoning of the property? _____ Do you live on the property? Yes No

Number of: Bathrooms _____ Kitchens _____ Hot water tanks _____

Is there an irrigation system? Yes No If yes, is it on a timer? Yes No

Number of outside hose bibs: _____ Is there a pool on the property? Yes No

Have you applied for any water conservation rebates: Yes No

If yes, please explain:

Why do you feel the invoice is incorrect? Please be specific, attach additional pages if necessary:

Please note, for a Water Leak Adjustment, please fill out the second page of this form as well. If you are only requesting a Utility Invoice Review, please submit the first page of this form only.

Please submit to Public Works at pworks@mission.ca and allow up to 30 days for review.



WATER LEAK ADJUSTMENT APPLICATION

(if leak is located and repaired)

At what date do you expect the leak started? _____ What date was the leak fixed? _____

Where was the leak? _____

Please provide any additional information regarding the leak cause or nature:

Please provide any additional information regarding the leak repair:

SIGNATURE AND ACKNOWLEDGEMENT

Please sign below that you have completed this form to the best of your ability and have read Water Bylaw 2196-1990 Section 3.14 Water Leak Adjustment, and that you understand the criteria and limitations of it.

Signature of Applicant _____ Date _____

Please submit: Completed application form. To District of Mission, Public Works
Photos of the leak before and after repair. 33835 Dewdney Trunk Rd, Mission
Copies of receipts for repair of the leak. Phone: 604-820-3761
Email pworksadmin@mission.ca

FOR OFFICE USE ONLY

Receipts Included Yes No
Photos Included Yes No
Prior Notifications? Yes No If yes, date(s) _____

Comments _____

Approved Yes No _____ Signature

Date _____

Summarized leak adjustment details and calculation: _____ Staff Name