



DAVAO CITY WATER DISTRICT
J.P. Laurel Avenue, Bajada, Davao City
tel#: 082-2219400 local 272/240 fax #: (082)221-9400 local 211

CERTIFICATE OF REPAIR

This is to certify that I personally repaired the leaking water pipelines owned
by _____ (Account Name) at
_____ (Location) with Account
Number _____ on _____ (Date of Repair).

This certification is issued upon the request of the account owner for billing adjustment due to
leak based on Board Resolution Number 162.

Done this _____ of _____, _____.

(Signature over Printed Name)
Plumber