

APPLICATION FOR WATER/SEWER BILL ADJUSTMENT

Attention: Billing Department Date _____

Name _____ Customer No: _____

Service Address: _____

Contact Phone Number: _____

Date Leak Was Detected: _____ Date Leak Was Repaired: _____

Nature of Leak: _____

Attach any copies of receipts showing what repairs have been done.
As soon as the adjustment is reviewed, a representative will give you a call back.

Customer Signature

For Office Use Only

Month in Question _____ Gallons Billed _____

Historical Usage _____ Times 125% _____
Water Sewer

Amount Billed _____

Less 125% Average _____

Equals Excess Billed _____

Times 50% (Adj Amt) _____

Tax _____

Other (Types) _____

Total Adjustment Amount _____

Date _____ Prepared By _____

Comments _____
