



Request For Utility Bill Adjustment

Account Name: _____ Date: _____

Account #: _____ - _____

Address: _____

Request for adjustment due to hidden water leak

Please state the nature of your request for adjustment and attach copies of receipts and/ or other documents to this form

Request for adjustment based upon unknown causes

Have you applied for and been granted an adjustment for this residence in the past twelve (12) month period?

Yes

No

No adjustment will be allowed for sewer when resident is on sewer averaging except during the averaging period of January, February, and March.

FOR OFFICE USE ONLY:

Verified last 12 month adjustment period _____ Completed by: _____ Date: _____

Current Month Water Usage: _____

Previous Month Water Usage: _____

Approved By: _____

Greatest Normal Water Usage: _____

12 Month Average Consumption: _____