



Utility Billing Adjustment Application

Name: _____ Email: _____

Account Number: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

Reason for Adjustment Request: _____

Location of Leak: _____

Date leak was found: _____ Date leak was repaired: _____

Repair person (include a copy of repair bill): _____

I hereby certify that the above information is correct.

Signature

Date

Contact Number

PLEASE NOTE:

- Leaks must be repaired before an adjustment can be approved.
- Leak adjustments are made based on comparison from previous usage if available
- Adjustments are normally limited to one each year, unless extenuating circumstances are present

For Office Use Only

Approved By

Date

Adjustment Made By

Amt of Adjustment