



Utility Billing Adjustment Request

Customer Name: _____ **Customer Account No.** _____

Service Address: _____

Phone No: _____ **Email Address:** _____

Description of Issue:

Description of Repair (if Repairs have been performed): _____ **Date of Repairs:** _____
If available, include repair receipts

Signature _____

Date Submitted _____

***** Office Use Only below this line *****

Received By: _____ Date Received: _____

Date of Last 2 Billing Adjustments (if any): _____

6 Month Avg Usage: _____ Billed Monthly Usage: _____

Usage Diff.: _____ Adjusted Monthly Usage: _____

Water Credit: _____ Sewer Credit: _____

Date approved by Executive Director: _____