



Water/Sewer Adjustment Request Form

Name _____

Service Address _____

Daytime Phone _____ Account # _____

Adjustment Amount _____

Reason For Request _____

PLEASE NOTE: By completing this form it is not a guarantee that a credit will be applied to your utility bill. Upon review of your request, you will be notified by phone or letter if a credit has been approved or denied.

For Office Use Only

Date Received _____

Date Reviewed _____ Reviewed By _____

Denied Approved Amount Approved _____

Reason Denied _____