



## WATER/SEWER ADJUSTMENT REQUEST FORM

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Description of Original Charges: \_\_\_\_\_

Amount of Adjustment: \_\_\_\_\_

Reason for Adjustment: \_\_\_\_\_

Action(s) Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
DATE

.....  
Action(s) Taken: \_\_\_\_\_

\_\_\_\_\_

Amount of Credit: \_\_\_\_\_ Date of Credit: \_\_\_\_\_

\_\_\_\_\_  
UTILITY BILLING CLERK

\_\_\_\_\_  
DATE