

ARE YOU ON BANK DRAFTS YES _____ NO _____
RESIDENTIAL WATER & SEWER ADJUSTMENT FORM

1. ACCOUNT NUMBER _____
2. NAME OF CUSTOMER: _____
3. ADDRESS: _____
4. WATER CONSUMPTION: _____ PHONE NUMBER: _____
5. AMOUNT OF BILL: _____
6. STATE NATURE AND CAUSE OF LEAK OR BREAK TO THE BEST OF YOUR KNOWLEDGE.

7. STATE DATE LEAK OR BREAK WAS FIRST DISCOVERED AND BY WHOM.

8. HAS LEAK BEEN REPAIRED? _____ YES _____ NO
9. HAS SAID LINE BEEN INSPECTED BY A PLUMBER? _____ YES _____ NO
IF YES, PLEASE STATE NAME AND WHETHER YOU GIVE YOUR
CONSENT TO PLUMBER BEING CONTACTED BY CITY EMPLOYEES OR
REPRESENTATIVES? CONSENT: _____ YES _____ NO
NAME: _____
10. HAVE YOU REQUESTED AN ADJUSTMENT WITHIN THE PAST 12
MONTHS FOR THIS PREMISE? _____ YES _____ NO
IF SO, WHEN? _____
11. DO YOU UNDERSTAND THAT THE ADJUSTMENT BEING REQUESTED
CAN ONLY BE REQUESTED ONCE EVERY TWELVE (12) MONTHS?
_____ YES _____ NO
12. DO YOU UNDERSTAND THAT BY SIGNING THIS FORM YOU ARE
STATING UNDER OATH THE FACTS HEREIN TO BE TRUE AND CORRECT
AND THAT CRIMINAL CHARGES COULD BE BROUGHT AGAINST YOU

FOR PERJURY IN THE EVENT IT IS FOUND THAT FALSE OR
FRAUDULENT INFORMATION HAS BEEN GIVEN? _____ YES _____ NO

13. DATE OF REQUEST FOR ADJUSTMENT: _____

14. APPLICATION RECEIVED BY: _____

CUSTOMER'S SIGNATURE

This Application for adjustment is:

____ APPROVED and will adjust to \$ _____ Date _____

____ DISAPPROVED because _____

CITY EMPLOYEE