

# REQUEST FOR ONE-TIME UTILITY BILL ADJUSTMENT

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

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

Service Location: \_\_\_\_\_

When was the leak? \_\_\_\_\_

Where was leak? \_\_\_\_\_

What type of pipe was being used at the location where leak was detected? \_\_\_\_\_  
\_\_\_\_\_

Who detected the leak? \_\_\_\_\_

Did the water leaking go back in the sewer system? \_\_\_\_\_

Has the leak/problem been repaired? If so how? \_\_\_\_\_  
\_\_\_\_\_

When was the leak repaired? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Note: **This is a one-time adjustment made to the sewer portion of the bill. One-time is defined as once every five years during the tenure of your ownership of the property.** Council will not consider making adjustments for anyone failing to answer the above questions. Filling out this form in no way guarantees adjustment to your bill. Requests for adjustments must be made before next billing.

\_\_\_\_\_  
Signature of Person Requesting Adjustment

\_\_\_\_\_  
Date: