



Request for Adjustment

Customer Name: _____ Account # _____

Service Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Explanation for Adjustment:

Date of Repair: _____

Signature of Requestor: _____ Date _____

Adjustments will not be made without proof of repair. Adjustments will only be made for up to a maximum of 30 days prior to proof of repair. Adjustments are not approved for continuous running commodes or water that has run through the Town's sewer lines.

DO NOT WRITE BELOW THIS LINE – UTILITY SERVICES OFFICE ONLY

Water Foreman, UB Coordinator, or Public Works Director Remarks:

Supervisor Signature _____ Date: _____

Service Code: _____

Date Received: _____ Received By: _____