



REQUEST FOR ADJUSTMENT

This is only a request

THIS IS NOT A GUARANTEE THAT YOU WILL BE ALLOWED AN ADJUSTMENT

Name: _____ Address: _____

Account Number: _____ Phone Number: _____

Type of Adjustment: _____ WATER LEAK ADJUSTMENT _____ ADJUSTMENT OF PENALTIES

Adjustment Amount: \$ _____

Reason for request:

Qualification for penalties adjustment:

1. You must not have received a penalty in the last 6 months

Qualification for leak adjustment:

1. Must have been a city water customer for at least 3 months
2. The bill must be twice the amount of average bill
3. No leak adjustment made on account within last 12 months
4. Request must be made within 45 days of leak and must include documentary evidence that the leak has been repaired. (plumber's invoice, receipt for materials purchased to repair the leak)

Upon proof of eligibility, the city shall adjust the amount of the customer's bill according to the following:

1. The customer's average monthly charge shall be calculated by using the preceding 12-month or 3-month period, excluding the leak.
2. The excess shall be calculated by the dollar amount of the water in excess of the average monthly water charge.
3. The adjustment shall be 1/2 of the excess of the charge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED

DENIED

Explanation _____

Signature: _____ Date: _____

Please attach transaction history to each request