



Mount Gilead Utility Adjustment Application

110 West Allenton Street

Mount Gilead, NC 27306

Fax: (910) 439-1336

Applicant's Name: _____

Phone No.: _____

Account No.: _____

For Official use only

Account No: _____

Service Address: _____

City: _____

State: _____

Zip Code _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Bill #1 Due Date: _____

Bill #2 Due Date: _____

Bill #1 Amount: _____

Bill #2 Amount: _____

Reason for this request:

☐ Leak

☐ Theft (attach police report)

Date the leak / theft was discovered: _____

Is this service address connected to a public sewer system?

☐ Yes

☐ No

If yes, did the leaking water enter a public sewer system?

☐ Yes

☐ No

Please provide an explanation of why and how the leaking water did or did not enter the public sewer system. Also indicate the corrections made to remedy the situation and prevent future occurrences. Please provide additional documentation including photographs, receipts, and/or invoices as needed to demonstrate repair.

I certify the information above is true, accurate, and complete to the best of my knowledge. I understand that the repairs and/or corrections made to my property need to be comprehensive and sufficient enough to prevent future occurrences. I also acknowledge that relief under this policy will not be available to me for a period of one (1) year from the date of this application.

Applicant's Signature

Date

For Official Use Only

I fully explained by executing this adjustment form, the above account would not be eligible for another adjustment for a period of one (1) years from the date of this application. The following bill(s) were adjusted by the amounts indicated below:

Bill#1 Adjusted Amount: _____

Bill#2 Adjusted Amount: _____

Total Adjustment: _____

Signature of Town of Mt. Gilead Staff

Date