
CUSTOMER REQUESTED UTILITY BILLING ADJUSTMENT FORM

Name: _____ Account #: _____

Service Address: _____ Phone #: _____

Mailing Address (if different than service address): _____

Credit Adjustment Amount Requested: _____ Date of charges: _____

- Lock Off Fee
- Late Fee or Delinquent Fee Removal
- Other _____

Describe in detail the reason for the billing adjustment request. If requesting a water leak adjustment, please fill out the leak adjustment form instead.

Presented to the board at the Regular Monthly Meeting on _____

Approved : _____ Date: _____

Denied: _____ Date: _____

Customer Notified on: _____ How were they notified? _____

Adjustment applied on: _____ By: _____ Amount: _____