

UTILITY BILL ADJUSTMENT REQUEST

NAME: _____

ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

CIRCUMSTANCES SURROUNDING THE LEAK: _____

DATE LEAK WAS REPAIRED: _____

WHO FIXED THE LEAK: _____

*CITY ORDINANCE REQUIRES THAT YOU SUBMIT PROOF OF REPAIR.
USUALLY THIS IS DONE BY ATTACHING A PLUMBERS BILL OR RECEIPT
FOR THE SUPPLIES USED TO FIX THE LEAK.

DATE(S) OF BILL(S) FOR WHICH YOU ARE REQUESTING CREDIT

SIGNATURE OF PERSON SUBMITTING REQUEST

RETURN THIS FORM TO THE UTILITY BILLING CLERK