

Water Bill Adjustment Request Form

Customer Information:

Name: _____ Account Number: _____

Street Address: _____

City, State, ZIP Code: _____

Phone Number: _____ E-mail Address: _____

Reason for Adjustment Request:

High Bill Due to Leak

Unusually High Usage

Billing Error

Other (Please specify): _____

Details of the Issue:

Description of the Issue: _____

Steps Taken to Resolve the Issue: _____

Date of Repair (if applicable): _____

Supporting Documents:

Plumber's Statement/Bill

Receipt for Parts

Photos of Repair

Other (Please specify): _____

Pool Fill Information:

Reason for Pool Fill: New Pool Pool Repair

Date Pool was Filled: _____ Number of Gallons Used: _____

Customer Signature: _____

Date: _____