

CUSTOMER ADJUSTMENT REQUEST

Date: _____ Account #: _____ Name: _____

Address: _____ Phone #: _____

Preferred form of communication: Phone _____ Text _____ Email: _____

Nature of Leak: _____

(Underground, burst pipes, etc.)

Has leak been repaired? _____ Date repaired: _____

Customer signature: _____

Manager Approval: _____

For Office Use Only:

Water:	\$	Amount Billed	\$
Tax:	\$	Adjustment:	\$ _____
Sewer:	\$	Amount Due:	\$
Garbage:	\$		
Penalty:	\$		
Miscellaneous:	\$ _____		
Total	\$		

Credit or Debit

Gallons Adjusted: _____