



**ABNORMAL WATER CONSUMPTION
ADJUSTMENT REQUEST**

The City may grant an adjustment for abnormal water consumption once in any twelve (12) month period for a one month bill only. Documentation must be attached for either services provided or parts purchased to repair water leak for adjustment to be considered.

Date of request: _____

Name on water account: _____

Contact number: _____

Address on account: _____

Account number: _____

Please check appropriate account type:

Residential _____

Commercial _____

Comments:

Signature of person requesting adjustment

FOR OFFICE USE ONLY:

Billing Period: _____

Consumption: _____

6 or 12 Month Average Billing: _____

Amount of adjustment for water: _____

Amount of adjustment for sewer: _____

Penalty adjustment: _____

Other adjustment: _____

Total adjustment amount: _____

NEW BILL AMOUNT: _____

Adjustment Approved by: _____

UB Manager Signature

Finance Director/City Manager Signature