



WATER BILL ADJUSTMENT REQUEST

Customer Name _____

Service Address or Account Number _____

Date of Occurrence _____

Describe reason for water bill adjustment request (i.e., leak, malfunction, etc.):

Documentation, if applicable (i.e., repair bills demonstrating leaks have been repaired):

Yes No

Signature or Email _____ Date _____

For Office use only:

Amount of increased water usage (units): _____

Average water usage for similar period (seasonal): _____

Tier 3 → Tier 1 (units) _____ X \$ _____ (difference/unit) = \$ _____

Tier 2 → Tier 1 (units) _____ X \$ _____ (difference/unit) = \$ _____

Other fees or charges to be waived \$ _____

Total water bill adjustment: \$ _____

Adjustment granted: Yes No

Signature _____ Date _____

Mark Norris, General Manager

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