

WATER BILL ADJUSTMENT REQUEST

DATE: _____

NAME: _____

SERVICE ADDRESS: _____

I am requesting that my water bill be adjusted due to: _____

ORIGINAL BILL Water _____
Sewer _____
Garbage _____

Past three months sewer average _____ gallons \$ _____

Your request has been reviewed and your bill has been adjusted as follows:

Water _____ gallons \$ _____

Sewer _____ gallons \$ _____

Garbage _____ gallons \$ _____

Total \$ _____