

# REQUEST FOR SEWER USE ADJUSTMENT

(Please read the Village's Adjustment Policy to determine if you qualify)

<b>Customer Name:</b>	
<b>Account Number:</b>	<b>Daytime Phone:</b>
<b>Service Address:</b>	
<b>Date high usage was first noticed:</b>	
<b>Describe how you noticed or discovered the high usage:</b>	
<b>Describe the location or cause of the high usage:</b>	
<b>Was the water used discharged to the sanitary sewer?</b>	
<b>If not, explain why the water was not discharged to the sanitary sewer:</b>	
<b>Describe actions taken to repair the high usage and attach a copy of repair receipts:</b>	
<b>Have you received a previous adjustment? If so, provide approximate date:</b>	
<b>List the billing period date for which you are requesting adjustment:</b>	
<b>List the amount of the bill for the high usage period:</b>	
<b>Gallons used:</b> _____	<b>Water charge:</b> _____ <b>Sewer charge:</b> _____
Customers must pay the amount of an "average bill" at this time and remain current on future bills during the time an application for adjustment is being reviewed.	

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**By signing this request, I agree to the following statements:**

1. I understand the terms and conditions of the Sewer Adjustment Policy.
2. I am notifying the Sewer Utility that I have sustained high usage and the leak has been repaired.
3. I agree to allow utility personnel access for verification of repairs.
4. I understand that submittal of this form does not guarantee an adjustment will be made.
5. I agree that all statements of this form and any attachments are true and correct to the best of my knowledge and understand that making false statements on a governmental record may result in legal action.

<b>Office Use Only</b>	
Date Application Received: _____	Average Usage: _____
Date Reviewed by Committee: _____	Average Bill: _____
Committee Findings: _____	Adjustment Amount: _____
	Sewer: _____
	Water: _____
Date Applied to Account: _____	