

Village of Greenfield

300 Jefferson Street
P. O. Box 300
Greenfield, Ohio 45123

REQUEST FOR ADJUSTMENT

Today's Date: _____ Book: _____ Account: _____

Name on account: _____

Phone number: _____

Service address: _____

Mailing address: _____

Nature of Request: i.e. (broken pipes, etc.) One adjustment allowance for a pool fill and one adjustment allowance for other leaks per year. No adjustments will be given for a leaking toilet.

Date leak was found: _____ Date leak was repaired: _____

Signature: _____

Pool fill: Beginning read: _____ End read: _____ Dates: _____

Must have a minimum of 1,000 gallons (above average use) to qualify for a pool fill credit. Credit is only applied to the sewer portion of your bill. Any balance remaining is due within ten days once the adjustment has been given unless a payment agreement has been requested and granted.

Do not write below this line. For office use only

Department Notes

Water adjustment: _____ Signature (1) _____

Sewer adjustment: _____ Date: _____

No adjustment: _____ Signature (2) _____

Date: _____