**ADJUSTMENT FORM**

\*THERE IS ONE LEAK ADJUSTMENT ALLOWED FOR TWO CONSECUTIVE BILLING PERIODS PER ONE 12 -MONTH PERIOD.

THIS FORM ALONG WITH REPAIR BILL AND/ OR MATERIAL RECEIPTS WILL NOT EXCUSE ANY LATE FEES. YOU ARE STILL RESPONSIBLE FOR YOUR BILL. LATE FEES START ON THE 15TH AT 5PM AND ON THE 20TH AT 5PM OF EVERY MONTH.

CUSTOMER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ METER # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( ) LEAK ADJUSTMENT**

APPROXIMATE DATE LEAK STARTED: \_\_\_\_\_\_\_\_\_\_\_ DATE LEAK WAS REPAIRED: \_\_\_\_\_\_\_\_\_\_\_

LEAK WAS REPAIRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXACT LOCATION OF THE LEAK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby notify the Town of Summerton Water Department that I have sustained a water leak at the above address and that it has been repaired. I am requesting an adjustment to my bill per the Town of Summerton’s Water Department policy. I understand that signing this form does not guarantee a billing adjustment will be granted. I am providing a copy of the paid repair bill and/or material receipts. I also understand that failure to provide proper documentation may result in a denial of this leak adjustment request. If approved, the Summerton Water Department will adjust up to two consecutive billing periods if applicable. I understand that by accepting any adjustment offers made by the Summerton Water Department, I am utilizing my one leak adjustment per 12 month-period per account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( ) OTHER ADJUSTMENT**

 REASON FOR ADJUSTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT\*\*\***

**TO MAKE A PAYMENT ARRANGEMENT PLEASE CONTACT THE BILLING CLERK BEFORE YOUR PAYMENT IS DUE TO AVOID ADDITIONAL CHARGES AND/OR DISCONNECTION OF SERVICES.**

**SIGNATURE OF CUSTOMER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR TOWN USE ONLY**

**REQUEST RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_**

**COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT ADJUSTED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY:** **(WATER CLERK)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(DIRECTOR)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_