

## **REQUEST FOR SEWER USE ADJUSTMENT**

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

Customer Name:						
Account Number:	r: Phone:					
Service Address:						
Date high usage was first noticed:						
Describe how you noticed or discovered the	high usage:					
Describe the location or cause of the high u	sage:					
Was the water used discharged to the sanit	ary cowor?					
If not, explain why the water was not discha	·					
ii not, explain why the water was not discha-	arged to the samilary sewer.					
Describe actions taken to repair the high us	age and attach a copy of repair receipts:					
	and arraging copy or repair receiptor					
Have you received a previous adjustment?	If so, provide approximate date:					
List the billing period date for which you are	e requesting adjustment:					
List the amount of the bill for the high usag	e period:					
Gallons used: Water char	ge: Sewer Charge:					
	age bill at this time and remain current on future bills during the					
time an application for adjustment is being						
By signing this request, I agree to the following						
I understand the terms and conditions of the Sev	· · · · · · · · · · · · · · · · · · ·					
I am notifying the Sewer Utility that I have sustai	· · · · · · · · · · · · · · · · · · ·					
agree to allow utility personnel access for verifi						
I understand that submittal of this form does not						
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.						
understand that making false statements on a go	evernmental record may result in legal action.					
Signature	Date:					
	Office Use Only					
Date application received:						
Date reviewed:						
Findings:	Adjustment Amount:					
Date applied to account:	Water:					