

Request for High Water Bill Adjustment Form

Name: _____

Address: _____

Total amount of water bill to be considered for adjustment _____

Average water bill for past year _____

Reason for high water bill

Steps taken to prevent re-occurrence

If applicable, please attach copies of bills associated with fixing the plumbing problem.

Adjustment to be made _____

Adjustment amount to be made _____ on _____, 20__ bill.

Chairman of Public Works

Public Works Committee Member