

REQUEST FOR SEWER USE ADJUSTMENT

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

Customer Name: _____	
Account Number: _____	Daytime 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 usage: _____	
Was the water used discharged to the sanitary sewer?	
If not, explain why the water was not discharged to the sanitary sewer: _____	
Describe actions taken to repair the high usage and attach a copy of repair receipts: _____	
Have you received a previous adjustment? If so, provide approximate date: _____	
List the billing period date for which you are requesting adjustment: _____	
List the amount of the bill for the high usage period:	
Gallons used: _____ Water charge: _____ Sewer charge: _____	
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.

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