



Water Rate Adjustment Request Form

Customer Account #: _____ Date: _____

Customer Name: _____

Service Address: _____

Phone #: _____ Email: _____

Please explain the reason for the Water Rate Adjustment request (i.e cause, dates of occurrence, solution or repair performed, etc.)

Documentation of proof of the repair (receipts, paid invoices, etc.) must accompany this request form. Please include any information pertinent for your account review.

Customer Certification

I certify that the information in this application is true to the best of my knowledge and that I have not received a water rate adjustment in the last seven (7) years. I understand that, if approved, I will pay for all water used at the lowest block water rate per the most current Rates and Fees Schedule as approved by the Board of Directors and the adjustment may only be applied for two consecutive billing cycles. I also agree, as a condition of the adjustment, that I will be enrolled into the current Advanced Metering program and will pay the associated equipment costs, administrative fee and ongoing subscription fees.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Request Received: _____

Approved: _____

Documentation Received: _____

Gallons Water Adjusted: _____ Final Bill Adjusted from _____ to _____