

CITY OF NAPPANEE



Sewer Bill Adjustment Application

Contact Information

Name: _____

Address: _____

Phone: _____

Leak Information

Address of Leak: Same as above _____ Other: _____

Type of Leak: _____ Repair Date: _____

Signature

By signing this form you are agreeing with the application acknowledgement statement below.

Applicant's Name: _____ Date: _____

Witness's Name: _____ Date: _____

Acknowledgement Statement

I am requesting an adjustment to the sewer portion of my water bill due to a leak. The leak has been repaired. I understand that I can receive only one adjustment per 12-month period. The adjustment will cover up to but no more than a two-month period. Any adjustment given by the Board of Public Works and Safety will be final.

Internal - Board of Works Approval

Account #: _____ Adjustment Amount: \$ _____

_____ Approved _____ Denied Date: _____