

REQUEST FOR BILLING ADJUSTMENT CREDIT

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_ Customer Account Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

The Port O'Connor Improvement District has adopted a Billing Adjustment Policy (the "Policy") under which the District will consider permitting a credit to customer's bills in certain circumstances. In order to be considered for an adjustment, a customer is required to fill out this form and provide the necessary information and document support.

**REASON FOR REQUESTING BILLING ADJUSTMENT:**

☐ Clerical Billing Error    ☐ Suspected Meter Malfunction    ☐ Water Leak

☐ Other (Please Explain): \_\_\_\_\_

\_\_\_\_\_

Have you ever received a previous billing adjustment? ☐ Y    ☐ N

If yes, date received: \_\_\_\_\_

**For Leak Adjustments:**

Is a receipt/documentation for the leak repairs attached? ☐ Y    ☐ N

A receipt and/or documentation of repairs is required for any billing adjustments.

Approximate Date Leak Noticed: \_\_\_\_\_ Date Leak Fixed: \_\_\_\_\_

Did the District Office notify you of a potential leak? ☐ Y    ☐ N

Exact Location of Leak: \_\_\_\_\_

In all cases, the District retains the right to make field verifications before approving a Leak Billing Adjustment Credit.

I am familiar with all of the facts stated in this document and they are true and correct. I certify that this application and the attached documents contain no false statements.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person requesting a leak adjustment:

\_\_\_\_\_