



Utility Billing Adjustment Application

Please complete form, print and mail to: Utility Billing Manager, 700 Broad Street, St. Joseph, MI 49085 or fax to 269-985-0347

Applicant Name: _____

Service Address: _____

Date Leak Discovered: _____ Account Number: _____

Best Phone No.: _____ Email: _____

PLEASE SUMMARIZE BELOW THE NATURE OF THE LEAK AND THE MEASURES TAKEN TO ELIMINATE THE LEAK

Per Section 8.10(b) of the Water Department Rules and Regulations "each metered service shall only be allowed one adjustment during the life of that metered service." Has a leak adjustment been made by the Finance Department for this account/service on any previous occasion? Yes No

In accordance with Section 8.10 (a)(i) of the Water Department Rules and Regulations, the application must include a copy of a licensed plumber's itemized paid receipt which fully documents that the leak has been identified and repaired.

Plumber: _____

Plumber Address: _____

Plumber Phone No.: _____

Date of Repair: _____

To be considered, this application must be filed within two (2) weeks of the receipt of the bill for which the adjustment is being requested. Should an adjustment be granted, a credit will be posted to your utility account within one (1) week of the filing date.

Signature of Applicant

Date

For Office Use Only - Cycle _____

AVERAGE USAGE: _____ CURRENT USAGE: _____ ADJUSTED USAGE: _____

ADJUSTMENTS: SEWER \$ _____ WATER \$ _____ OTHER \$ _____