



SANITARY SEWER BILL ADJUSTMENT

Date: _____ Name: _____

Phone: _____ Address: _____

Date Leak Occurred: _____ Date of Repair: _____

Description of Leak (attach bills and documentation as needed): _____

I have read the Leak Adjustment Policy of the Village and I agree with the terms and conditions contained in the policy.

Signed: _____

Village Staff Only

Inspector's Report: Date: _____

Plumbing where leak occurred: Galv _____ Copper _____ Other _____

Condition of Plumbing: Good _____ Fair _____ Poor _____

Has leak been repaired in a workmanlike manner? Yes _____ No _____

Is another leak likely to occur in the near future? Yes _____ No _____

Account Data: Date: _____ Acct. Number: _____

Average quarterly charge for water based on past four quarters: \$ _____

Average quarterly charge for sewer based on past four quarters: \$ _____

Charge for quarter requesting credit: \$ _____

Less average quarterly charge: \$ _____

Total credit requested: \$ _____

Percent credit quarter exceeds average: _____ %

Public Works Director Review: Date: _____

Approved _____ Not Approved _____

Reason for not approval: _____

By: _____ Public Works Director