

# SANITARY SEWER BILL ADJUSTMENT

Contact Info:  
Kronenwetter Water Utility  
715-693-5732



Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

**Inspector's Report:** Date \_\_\_\_\_

Plumbing where leak occurred:  Galvanized  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 being approved \_\_\_\_\_

Public Works Director Signature \_\_\_\_\_