

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:
