

Utility Billing Adjustment Request Form

D	ate	Account Number		
Ā	ccount Name	Contact Phone Number		
Ē	-mail Address			
S	ervice Address			
Α	djustment Request for Bill Due:			
review process has performed in the contract of the contract o	as been completed, the account may not order the requests are received and credits nount within the 30 day period. I understan	account with the understanding that once the be eligible for a credit, the review process is issued will be reflected on my utility statement dutility accounts are allowed no more than one		
I understand that	payment may not be withheld; the payme	ent must be current to avoid the 10% penalty.		
	ne criteria for a bill adjustmnent is availab at billing@tontitownar.gov.	ole upon request at the Tontitown Water Utility		
Statement of repa	ir:			
R	equired documentation must be attach	ed:		
	Copy of repair invoice (if repaired profess	sionally)		
	Copy of repair receipts (if repaired by self	f)		
C	ustomer Signature	 Date		