

## **Utility Billing Adjustment Request Form**

	Date	Account Number	
	Account Name	Contact Phone Number	
	E-mail Address		
	Service Address		
	Adjustment Request for Bill Due:		
tha the be un o I u 10 o I a	I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for credit the review process is performed in order the requests to be received and credits issued with the reflected on my utility statement as an adjusted amount within the 30-day period. Understand that utility accounts are allowed with no more than one adjustment each year I understand that payment may not be withheld; the payment must be current to avoid the 10% penalty.  I am aware that the criteria for a bill adjustment are available upon request at the Tontitow Water Utility office, or by email at billing@tontitownar.gov.		
	The required documentation must be att	ached:	
	☐ Copy of repair invoice (if repaired professionally)		
	□ Copy of repair receipts (if repaired by sel	f)	
	Customer Signature	Date	
	Notary Signature (if repaired by self)	Date	