



APPLICATION for WATER BILLING ADJUSTMENT

DATE: _____

WATER ACCOUNT NO. _____

STREET ADDRESS _____

OWNER/AGENT _____

TELEPHONE NO. _____

I _____ am herewith requesting the above listed Water (Owner/Agent) Service Account be considered for a Water Billing Adjustment in accordance with the Authority Policy for Adjustments based on a One Time Plumbing System Failure, which has been repaired in a timely manner.

The plumbing system repairs have been completed by _____ (Note: Enter name of Your Contractor if work performed by Contractor or Owners name if repairs completed by owner). I have attached hereto a copy of the invoice received from the Contractor and/or copies of my Receipts for Material Purchased to complete the repairs.

The Repairs were completed on (Date) _____ to the following water piping, outlets and/or fixtures _____

The following Parts or Materials were used to complete the Plumbing Repairs: (Complete only if Repairs made by Owner) _____

I understand that the Authority will confirm the repairs have been completed by scheduling a Special Meter Reading to ensure that the metered water usage has returned to the average water use for the account identified in this Application prior to a final determination being made by the Authority in this matter. I also understand that once abatement has been granted to an account, it WILL NOT be eligible for a SECOND ABATEMENT.

Date

Signature

ACMUA Reviewer

Print Name