



Atlantic City Municipal Utilities Authority

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 will 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 the Authority will confirm the repairs have been completed by scheduling a Special Meter Reading to check for the metered water use being 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

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