



# Water Bill Adjustment Request Form

Customers will be considered for a water bill adjustment if the **water bill is three (3) times the previous 6-month average consumption** (adjustments available for two (2) billing periods ONLY per 12-month period).

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Account Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address if Different \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date leak was discovered \_\_\_\_/\_\_\_\_/\_\_\_\_ Date leak was fixed \_\_\_\_/\_\_\_\_/\_\_\_\_

## Explanation to fully justify request:

Location of Leak? \_\_\_\_\_

Who fixed the leak? \_\_\_\_\_

How was the leak fixed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other important details justifying your request \_\_\_\_\_

\_\_\_\_\_

**Include a copy of the detailed invoice covering the cost of the leak repair.**  
**PLEASE RETURN TO: Daphne Green at Athens Utilities, P.O. Box 1089, Athens, Alabama 35612 or email form to [dgreen@athens-utilities.com](mailto:dgreen@athens-utilities.com)**