



Application for Customer Adjustment

A) Customer Adjustments will be processed in accordance with the Adjustment Policy 2.40. This includes, but is not limited to, the following:

- 1) The Town customers may receive up to one (1) leak adjustment every year.
- 2) Adjustment will only be considered if the usage that was billed is at least 150% of the average usage that is normally billed for the account.
- 3) If approved, the bill will be adjusted by averaging the last three bills plus one-half the excess use over the average consumption.
- 4) Supporting documentation is required, as noted below.

B) In order to submit a request for an adjustment, **both of the following items** listed below **are required:**
(Check below and return with this signed form)

_____ The completed written request form (Page two)

_____ This form, with an original signature on it

C) To assist with the processing of the adjustment, **at least one of the following items listed below are required:**(Check below and return with this signed form)

_____ Plumber invoice, parts list showing repairs purchased, etc.

_____ Photos of the cause of the leak and/or photos of the work done

D) I am requesting adjustments for the following month(s) _____.

E) I am requesting a pool/sewer adjustment per Adjustment Policy 3.A.2.

_____ A written request that must indicate when the pool filling started and was completed

_____ A written request that must indicate other sewer concerns

_____ This form, with an original signature on it

By signing this application, I am certifying that the adjustment being requested was due to a leak or sewer concern on the property that I own and/or rent.

Printed Name

Date

Signature

Please return this form to the Farmville Finance Office
116 N Main St, Farmville VA 23901
PO Drawer 368, Farmville VA 23901
Phone: 434-392-3333 FAX: 434-392-6135 Email: Finance@farmvilleva.com



Written Request Form

I _____ am requesting a leak adjustment for my address
Name

_____, Farmville, VA 23901.
Address

Leak Description (Please include the date the leak was discovered as well as when it was fixed):

I certify that all the above information is correct to the best of my ability, I understand completion of these form does not guarantee an adjustment. Adjustments are contingent upon meeting the criteria set forth from the adjustment policy as well as a completed "Leak Check" by the town that no longer shows a leak.

Signature

Date

For Town of Farmville Office Use Only

Date Received: _____ WO Number: _____