

CITY OF PATASKALA UTILITY DEPARTMENT REQUEST FOR SEWER USAGE ADJUSTMENT

Customer Information

Name on Account: _____ Account Number: _____

Owner Occupied or Rental: _____ Property Occupied at When Leak Occurred : _____

Contact Phone No#: _____ ServiceAddress: _____

Mailing Address:

Leak Repair Information

Type of Adjustments Requested:

___ Sewer Adjustment (First Request this Year)

___ Sewer Adjustment (Additional Requests this Year)

Date Leak Discovered: _____ Date Leak Repaired: _____

Description of Leak (attach letter if necessary): _____

Repaired by:

_____ Customer _____ Contractor

Authorization Date for Inspection of Property Where Leak Occurred by City Utility Technician _____

The City of Pataskala Utility Department will need itemized copies of repair invoices or itemized receipts, a letter of how the leak occurred, and a sketch or photographs of the location of the leaking pipe in accordance with the City of Pataskala Utility Department Sewer Usage Adjustment Policy

PLEASE NOTE: Completion of this form does not guarantee adjustment will be made to your bill. All adjustments are issued based on the previous 12 month average and is credited on your bill. Once the review is complete, you will receive notification of results from the City of Pataskala Utility Department. We cannot guarantee approval/disapproval on your current bill. Please return the completed application to the City of Pataskala Utility Department with required documentation.

I have read, understand, and agree with the leak adjustment guidelines.

Signature: _____ Date Submitted: _____

Property Owner Signature _____

Date Received	Billing period of leak:	Receipts and/or Photos: Yes _____ No _____
Amount of Original Bill	Utility Supervisor Approval/Date	Utility Director Approval/Date
Total Leak Credit Amount		

Explanation of Adjustment if more than one allowable adjustment approved during year