Town of Berryville
Water and Sewer Billing Adjustment Request Form

Date problem discovered: _____ Date problem repaired: _____

Account Number: _____

Service Address: _____

Customer Name: _____

Mailing Address: _____

Telephone Number(s): _____

Email Address: _____

Brief description of problem and action taken to repair: _____

_____

_____

_____

Acknowledgement:
I understand that submission of this form does not a guarantee that a bill adjustment will be made. Further, I understand that submission of this form does not relieve me of my responsibility to pay the entire amount of bill during the normal billing period; unless, I enter into a payment plan with the Town.

_____/_____/_____

Signature **Name Printed** **Date**

Required documentation to be submitted with completed application:

1) Narrative signed by party making repairs explaining, in detail, the nature of the leak or usage, what repairs were made and when they were made, and
2) Copy of repair invoice attached (if repaired professionally) or
   Copy of repair receipts attached (if repaired by owner/tenant or agent)

ALL DOCUMENTATION ENUMERATED ABOVE MUST BE ATTACHED TO APPLICATION. IF ALL DOCUMENTATION IS NOT PROVIDED AT TIME OF APPLICATION SUBMISSION, THEN THE ADJUSTMENT REQUEST WILL BE DENIED.

Return this form and documentation to:

Town of Berryville
W/S BILL ADJUSTMENT REQUEST
101 Chalmers Court, Suite A
Berryville, VA 22611
Fax: (540) 955-4524