**TOWN OF LILLINGTON**

**UTILITY BILL ADJUSTMENT REQUEST**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

Average Monthly Sewer Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High Monthly Sewer Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Correction (Provided)

Swimming Pool

Manager Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_

Town Council Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_

Request Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_

Service Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the Problem:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the leaking water go? (N/A for filling swimming pools) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the problem been repaired: If so, by whom? (N/A for filling swimming pools) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting an adjustment on the sewer charges on my utility bill from the Town of Lillington. Before considering an adjustment request, proof the problem has been fixed in either a receipt or a plumber’s invoice. The Town Manager is authorized to approve any legitimate request up to $150.00. Any adjustment request above this amount requires approval of the Board of Commissioners. I understand that their decision is final. I also understand that I am responsible for any amounts remaining on my bill after the Board of Commissioners has heard my request.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date