

UTILITY BILLING ADJUSTMENT FORM

CUSTOMER NAME:

CUSTOMER# OR ACCOUNT#:

SERVICE ADDRESS:

HOME:

CELL:

ADJUSTMENT REQUESTED:

BILLING DATE(S):

CUSTOMER SIGNATURE:

DATE:

*****FOR OFFICE USE ONLY*****

SERVICE	PRIOR	CURRENT	FUTURE
WATER			
TAX			
SEWER			
GARBAGE			
LATE CHARGE			
SERVICE CHARGE			
DEPOSIT			
TOTAL ADJUSTMENT	0	0	0

NOTES:

APPROVED BY:

DATE:

ENTERED BY:

DATE: