

# City of Haskell

## Request for Bill Adjustment

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

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Service location: \_\_\_\_\_

Billing Date: \_\_\_\_\_

Property Usage:        Commercial  
                                 Rental  
                                 Personal Residence

Details for High Bill:

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

Specific Repairs made to correct problem (Provide Details):

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

Date Leak Occurred: \_\_\_\_\_ Date repairs made: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

**MUST ATTACH REPAIR BILL, STATEMENT OF REPAIR FROM CUSTOMER, AND BEFORE AND AFTER PICTURES.**

Action to be taken:    Approved as submitted  
                                 Approved as modified  
                                 Denied

Signed off by: \_\_\_\_\_

Date: \_\_\_\_\_

City employee who verified leak: \_\_\_\_\_ Date: \_\_\_\_\_