



# Request for Sewer Adjustment

All Fields with an asterisk (\*) must be filled out to process this request

\*Customer Name: \_\_\_\_\_ \*Contact Phone: \_\_\_\_\_

\*Service Address: \_\_\_\_\_

\*Date leak was repaired: \_\_\_\_\_ \*Location of Leak: \_\_\_\_\_

\*Leak Description: \_\_\_\_\_

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

**Receipts from the repair of the leak MUST accompany this application.** Contact phone number should be where our Adjustment specialist may contact you during the day. You will be notified after careful review (approximately 2 business days) if your leak qualifies for an adjustment.

*I verify that all of the information provided above is accurate and complete regarding my request for adjustment.*

\_\_\_\_\_  
\*Customer Signature

\_\_\_\_\_  
\*Date Requested

----- **Office Use Only** -----

Account Number: \_\_\_\_\_ CID: \_\_\_\_\_ CC: Yes or No

Representative taking application [Initials]: \_\_\_\_\_ Date Received: \_\_\_\_\_

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PLEASE BRING IN COMPLETED APPLICATION AND ANY REQUIRED DOCUMENTATION TO THE UTILITY OFFICE OR MAIL IT TO P.O. BOX 2100 ANDERSON, IN 46018