



100 DAYTON ST. YELLOW SPRINGS, OH 45387

SEWER UTILITY BILL ADJUSTMENT REQUEST FORM

Name: _____ Account Number: _____

Service Address: _____

Description of Issue: _____

Customer Signature: _____ Date: _____

Please be sure to attach any supporting documentation (i.e. repair bill, scope of work and/or letter from repair person/company)

FOR COMPLETION BY VILLAGE STAFF:

Accepted by: _____ Date: _____

Average Water/Sewer Usage: _____ History Attached ☐

Reviewed by: _____ Date: _____

Amount Approved: \$ _____

Reason for decision: ☐ Did not enter sewer system ☐ Entered sewer system
☐ Other: _____

Finance Director Signature: _____ Date: _____