



TOWN OF BUNKER HILL

101 West Broadway, Po Box 565, Bunker Hill IN 46914
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WATER/SEWER BILL ADJUSTMENT REQUEST FORM

This form is not a guarantee that a credit will be applied to your utility bill. You will be notified by phone or letter if the request cannot be granted or if additional information is needed. Only two adjustments will be allowed during any 12-month period and only after any leaks have been repaired and consumption returns too normal. Adjustments can only be applied to one billing period. Requests must be received within 90 days of the billing date.

Name on Account		Account Number	
Service Address		Contact Phone Number	
Type of Leak <input type="checkbox"/> Underground Pipe <input type="checkbox"/> Irrigation <input type="checkbox"/> Toilet <input type="checkbox"/> Other _____			
Date(s) Leak Occurred		Date Leak Repaired (if applicable)	
Copy of repair invoice attached (if repaired professionally)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of repair receipts attached (if repair by owner/tenant or agent)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brief description and action taken to repair (continue on back if needed):			

By signing below, you are authorizing the Town of Bunker Hill to process an adjustment on the water and/or sewage portion of you bill and are certifying that the above statements are true and accurate to the best of your knowledge. If approved for adjustment, this will be documented and only a total of two (2) adjustments may be done for twelve (12) month period on your account which may result in staff denying a future adjustment even if the future adjustment is for a higher amount. Please attach copies of plumber's statements, receipts or statement of work completed when mailing or faxing this document.

Account Holder Signature: _____ Date: _____

OFFICE USE ONLY			
Received: _____	By: _____	Date of Last Adjustment: _____	
Adjustment Calculated (attached)	Adjustment Applied	Customer Notified	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Approval Signature
Staff Notes:			