



Utility Services Division
P. O. Box 90003
300 South Main Street
Blacksburg, VA 24062
540/443-1060
FAX # 540/951-2180

REQUEST FOR WATER / SEWER ADJUSTMENT

Date of request: _____

I am requesting an adjustment on the utility bill at the following location

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____ TELEPHONE #: _____

I am requesting a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit. I also understand the review process is performed in the order the requests are received and credit issued will be reflected on my Utility Statement as an adjustment.

I understand that payment may not be withheld; a 10% penalty will be applied to all bills that are not paid on or before the due date.

Plumber's invoice / repair bill attached? YES _____ Date of repair _____
NO _____

*If you have provided a plumber's invoice / repair bill, you are not required to write out a "Statement of Repair".

STATEMENT OF REPAIR

What was repaired? _____ Date of repair _____

Blank lines for providing details of the repair and the date.

CUSTOMER'S SIGNATURE: _____