

Water Adjustment Application

| Customer Name: | | | Date: | |
|---|--|---|---|---------------------------------|
| Acct #: | | | | |
| Address: | City: | State: | Zip: | |
| Phone Number: | Email: | | | |
| Date the leak/usage w | as detected? | | | |
| How long was water leaking/running? | | | | |
| If there was a leak, wh | there was a leak, who repaired it?ate the leak was repaired or excess usage resolved? | | | |
| Date the leak was repaired or excess usage resolved? Please give a brief explanation of the leak/excess usage and the way in which it was repaired/resolved: | | | | |
| | | | | Please attach a copy of the plu |
| billings for water, included down to our lowest water eliminate it. This means average bill. Usage adjustments are Cash SUD water usage The District is not required make prompt and permoner will be recommended. | t charges for water use based on ding the month of excessive conster rate per 1000 gallons. This adas the adjustment could potential eallowed only once per the life of adjustments are designed to he lired to offer water usage adjustment repairs for the conservative equired to sign the water usage a regarding your water usage adjustment. | sumption for which t justment will help wi lly leave a balance hi f the account. lp with very large, un nents but does so to on of our water resoudjustment calculation | he adjustment is requested, th the excess cost, not gher than a customer's expected water usage/leaks encourage customers to urces. | |
| By signing below, you acknowl to the terms set forth. | ledge to have understood the info | ormation contained i | n this application and agree | |
| Signature | Printed Name | | Date | |

Mailing Address: POBox 8129, Greenville, TX 75404-8129
Physical Address: 172 FM 1564 East, Greenville, TX 75402
Phone: 903.883.2695 Email: info@cashwater.org