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Bon Aqua™ Lyles Utility District

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Adjustment Form

Customer Name _____

Phone Number _____

Address _____

Account Number _____

Date leak was Repaired _____

Reason for Adjustment _____

If This Adjustment is approved by the board, you will be responsible for paying your average bill plus half of the leakage. A leak needs to be over **\$100.00** before it can be considered for an adjustment. The Board will not consider an adjustment due to a commode leaking.

Please provide receipts for leak repairs.

*****Only allowed one adjustment per calendar year*****

Signature _____ Date _____

List of Bills that Need Adjustment

Average Bill _____ Invoices/Receipts _____

Approved _____ Date _____

Disapproved _____ Date _____

Amount of Adjustment _____

Need to pay for current month _____

Need to pay for following month _____