



Water & Sewer Department

Adjustment Request Form

DATE OF REQUEST: _____ ACCOUNT NUMBER: _____

CUSTOMER INFORMATION

NAME: _____
ADDRESS: _____
PHONE #: _____ EMAIL ADDRESS: _____
NUMBER OF PEOPLE LIVING AT THIS ADDRESS: _____

TYPE OF SERVICE ADJUSTMENT REQUESTED

WATER SEWER

LEAK DISCOVERY DATE: _____ LEAK REPAIR DATE: _____

ATTACH DOCUMENTATION PROVIDING PROOF THAT LEAK WAS REPAIRED
(RECEIPT FOR PLUMBING SUPPLIES OR INVOICE FOR PLUMBING COMPANY,
ETC.) IF NO DOCUMENTATION IS AVAILABLE, EXPLAIN WHY AND HOW THE
LEAK WAS REPAIRED:

REPAIRS COMPLETED BY: HOMEOWNER/LANDLORD
PLUMBER/CONTRACTOR

IF COMPLETED BY PLUMBER/CONTRACTOR:

NAME: _____
PHONE: _____

FOR OFFICE USE ONLY

1 TIME ONLY WATER ADJUSTMENT
SEWER ADJUSTMENT FIRST TIME SECOND TIME

DATE: _____

APPROVED: SIGNATURE: _____
DENIED: SIGNATURE: _____

Please bring completed form to the MWD billing office or email it to

200 West Fort St.
Manchester, TN 37355

mwdbilling@cityofmanchestertn.gov

Phone: 931.728.4652