



# 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.com](mailto:mwdbilling@cityofmanchestertn.com)

Phone: 931.728.4652  
Fax: 931.728.8244