

MANCHESTER WATER AND SEWER DEPARTMENT
ADJUSTMENT REQUEST FORM

Complete the following:

Date _____

Account # _____

Customer Name _____

Phone # _____

Address _____

Number of People Living at this Address _____

Type of Service Adjustment Requested: **"Check the appropriate request"**

Water

Sewer

Have you ever had an adjustment before? Yes

No

Date leak was discovered _____ Date leak was fixed _____

Describe where leak was and how it was fixed _____

Name of Plumbing Contractor _____
(supply a copy of repair/parts bill)

Phone # _____

Water & Sewer Department Comments

1 TIME ONLY WATER ADJUSTMENT

FIRST TIME SEWER ADJUSTMENT ONLY

SECOND TIME SEWER ADJUSTMENT ONLY

Inspected By: _____

Date: _____

Recommendation: _____

Water Department use only

Approved

Denied

Signed _____

Signed _____