



WATER/SEWER ADJUSTMENT FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____ **Account Number:** _____

Above Referenced customer is seeking adjustment due to: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Customer Signature _____

***Original Signature Required. Submit completed form along with proof of repair to cityhall@austellga.gov or 5000 Austell Powder Springs Rd Suite 300, Austell GA 30106. One Adjustment per calendar year allowed.**

FOR OFFICE USE ONLY

****Adjustment is based on average monthly usage, excluding period being adjusted. ****

Hi
Usage _____ Water _____ Sewer _____

Average
Usage _____ Water _____ Sewer _____

Sewer Adjustment in the amount of \$ _____

Water Adjustment in the amount of \$ _____

Total Adjustment in the amount of \$ _____ could be granted.

Approved	Denied
Approved By	Date