

Town of Berryville
Water and Sewer Billing Adjustment Request Form

Customer Name: _____ Service Address: _____

Mailing Address: _____

Telephone Number(s): _____

Email Address: _____

Account Number: _____ Date problem discovered: _____ Date problem repaired: _____

Brief description of problem and action taken to repair: _____

Acknowledgement:

I understand that submission of this form does not a guarantee that a bill adjustment will be made. Further, I understand that submission of this form does not relieve me of my responsibility to pay the entire amount of bill during the normal billing period; unless, I enter into a payment plan with the Town.

Signature

Name Printed

Date

Required documentation to be submitted with request:

- 1) Narrative signed by party making repairs explaining, in detail, the nature of the leak or usage, what repairs were made and when they were made,
- 2) Copy of repair invoice attached (if repaired professionally) or Copy of repair receipts attached (if repaired by owner/tenant or agent), and
- 3) Copy of insurance company determination regarding claim for water/sewer bill (required when usage is greater than three-times the account average)

Return this form and documentation to:



Town of Berryville
W/S BILL ADJUSTMENT REQUEST
101 Chalmers Court, Suite A
Berryville, VA 22611
Fax: (540) 955-4524