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