

TOWN OF CLARKSVILLE WASTEWATER BILLING OFFICE

REQUEST FOR BILLING ADJUSTMENT CREDIT

Date:_____

Name:_____

Account Number:_____

Service Address:_____

Phone number:_____

- Reason for Requesting Billing Adjustment
- Clerical Billing Error
- Suspected Meter Malfunction
- Water Leak
- Other:_____

Have you ever received a previous billing adjustment? No Yes, approximate year_____

For Leaks, please complete a Leak Adjustment Form

Are you a tenant at this property? Yes No

Landlord Name:_____

Landlord Mailing Address_____

We require you pay at least the amount of the average bill, while your request is being processed.
Complete lack of payment on an account will result in additional penalties.