

PORT CLINTON WATER WORKS



**1868 East Perry Street
Port Clinton, OH 43452**

**Phone 419-734-5522
Fax 419-734-5278**

REQUEST FOR SEWER ADJUSTMENTS

By-Laws, Section 104.05

Owner Name _____ Service Address _____

Acct No _____ Phone _____ **(Must be provided)**

I (owner/renter) _____ request a sewer adjustment for the following reason:

_____ **Water Leak** Date discovered _____ Date repaired _____

Location & Explanation _____

_____ **Outside water left on** Date discovered _____ Approx how long _____

_____ Other: Explain and provide date it happened and approximately for how long.

Customer Signature: _____ Date: _____

For Office Use Only

Approved _____ Credit Given(08): \$ _____ Office Manager _____

	<u>Sewer Amt</u>	<u>CCF</u>		<u>Sewer Amt</u>	<u>CCF</u>		<u>Sewer Amt</u>	<u>CCF</u>
	\$			\$			\$	
Should Be	\$		Should Be	\$		Should Be	\$	
Difference	\$		Difference	\$		Difference	\$	

Disapproved _____ Reason _____