

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 104.04

Name _____ Acct No _____

Service Address _____ Phone _____

I _____ Must be provided owner/renter request a sewer adjustment for the following reason.

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

Location & Explanation _____

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

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

Customer Signature: _____ Date: _____

Sewer Adj: _____

Reason Disapproved: _____
