



# City of Cibolo

## REQUEST FOR SEWER AVERAGE ADJUSTMENT

Name:	Date:
Address:	
Contact #:	Location of Leak:   ___ Inside
Account #:	___ Outside
Date of Repair:	

**Describe Situation or Repairs Made:**

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Please read and acknowledge each item below by checking the box and signing:

- \_\_\_ Adjustments will be processed after evidence of repair is reflected by reduced consumption in the following billing period.
- \_\_\_ The customer will be required to pay an amount equal to the most recent undisputed billed amount by the due date, pending the adjustment calculation.
- \_\_\_ Adjustment calculation will consider customer consumption for the same time period for the prior year (or other relevant time period if that data doesn't exist).

**Signature:** \_\_\_\_\_

**Office Use:**

<b>Calculated Consumption</b> <small>*Per Billing Software</small>		<b>Adjusted Consumption</b> <small>*Update month/year used</small>	
<b>December:</b>		<b>December:</b>	
<b>January:</b>		<b>January:</b>	
<b>February:</b>		<b>February:</b>	
<b>Calculated Average:</b>		<b>Updated Total:</b>	
<b>Calculated Charge:</b>		<b>Adjustment Charge:</b>	

Office Use:   Approved    Denied    \_\_\_\_\_