

TOWN OF PULASKI
PO BOX 660
PULASKI VA 24301
TELEPHONE: 540-994-8640/8641
FAX: 540-994-8647

APPLICATION FOR ONE-TIME WATER OR SEWER ADJUSTMENT

In accordance with the provisions of the "Ordinance Providing for Adjustments to Water and Sewer Charges Related to Leaks or Breaks on Private Property", adopted by the Pulaski Town Council on January 15, 1991, the following person, firm, or corporation (hereinafter referred to as "Customer"):

Customer Name: _____

Location: _____

Account Number: _____ Phone Number: _____

Mailing Address: _____

hereby applies for a credit against the customer's water and/or sanitary sewer charges for water consumed on the premises that has not been returned to the sanitary sewer system and/or for a water break or leak on the customer's side of the water meter.

By making this application, the customer certifies that the information contained in this application is true and accurate to the best of the customer's knowledge. The customer also acknowledges that he/she is aware that he/she may not request a water or sewer adjustment more than once a year.

******ADJUSTMENT WILL BE REFLECTED ON NEXT MONTH'S WATER BILL******

Name of Customer: _____

By: (Agent of Customer _____ Date: _____
Printed Name

Signature of Agent or Customer Agent's Title

ATTACHMENTS: The following attachment (Attachment A) is part of this application and must be completed before the application will be considered by the Town of Pulaski.

**PLEASE COMPLETE ALL ITEMS ON THE FOLLOWING PAGE BEFORE
RETURNING TO OUR OFFICE.**

ATTACHMENT A

CUSTOMER'S NAME: _____

ACCOUNT NUMBER: _____

NATURE OF CREDIT: Please check one of the following:

a. Adjustment to Sewer Charge _____

b. Adjustment to Water Charge _____

JUSTIFICATION FOR CREDIT: Please describe the circumstances that support this application for a water or sewer credit. (Example: Water line break or leak on the customer's side of the

water meter where such water was not returned to the sanitary sewer system). ***Please***

attach all receipts for items purchased to make repair for our auditors. Adjustment may not be approved without receipt or bill of repair.

If application is for sewer credit, where did the water drain: _____

***Estimated date that leak or break was repaired _____ *** PLEASE COMPLETE

***Estimated date that leak or break was discovered _____ ***PLEASE COMPLETE

-----XXXXXXXX-----XXXXXXXX

ITEMS A AND B TO BE COMPLETED BY TOWN STAFF

A. Amount of water consumed because of leak or break _____

B. Average monthly consumption over last four months _____

FOR TOWN USE ONLY

Sewer Adjustment: Approved _____ Denied _____

Water Adjustment: Approved _____ Denied _____

Signature of Town Manager

Amount of sewer credit: _____ Amount of water credit: _____

Recommended/Not Recommended by Finance Director _____

Recommended/Not Recommended by Public Works Director _____