



WASTEWATER BILLING CORRECTION REQUEST

Customer Name:

Client ID:

Address:

Phone #:

Amount: Not Credited: _____ Over Credited: _____

Original Payment with: Check Cash Credit Card

Date of Original Payment (for checks, also request the date on the back of the check. This is our deposit date):

Notes:

For City Use Only	
Received by:	Date received:
Corrective Action: <input type="checkbox"/> Adjusted Account	Reason:
<input type="checkbox"/> No Adjustment	Reason:
<input type="checkbox"/> Late Fee Removed	
Date of Corrective Action:	By:
Notes:	