



Village of Swanton

219 Chestnut Street Swanton, Ohio 43558
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www.villageofswantonohio.us

UTILITY ADJUSTMENT REQUEST FORM

Account Number: _____

Applicant Name: _____ Date: _____

Mailing Address: _____

Service Address: (if different from above) _____

Phone Number: _____ Email Address: _____

Are you the: OWNER OCCUPANT TENANT

Pool Fill Adjustment Request

Type of pool: In-Ground Above-Ground

Beginning meter read _____ Ending meter read _____

Estimated # of gallons used _____ Date filled _____

Written description of issue is required. Documentation attached: YES NO

Requests for adjustments may be made as a result of billing errors, late fees, and/or extraordinary water consumption due to break in customer owned plumbing, equipment malfunction, etc. and said water did not enter the sanitary sewer system. See ordinance for complete details on utility adjustments.

I certify that the above information is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

- OFFICE USE ONLY -

The following bill was adjusted by the amounts indicated below.

Bill Date: _____ Bill Amount: _____

Water Adjustment Amount: _____

Sewer Adjustment Amount: _____

Adjusted Bill Amount: _____

Accepted (initials/ date): _____

Request Approved Denied

Date Customer notified: _____

Signature of Village Administrator Date