

# — THE VILLAGE OF — SWANTON

219 Chestnut Street Swanton, Ohio 43558  
 P: 419.826.9515 | F: 419.825.1827  
 www.villageofswantonohio.us

## UTILITY BILL ADJUSTMENT REQUEST FORM

Account Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: (if different from above) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you the:  OWNER  OCCUPANT  TENANT

### Adjustment Request

Reason for adjustment:

- Extraordinary water consumption\* Date(s) of water consumption related to request \_\_\_\_\_
- Pool filling, new construction Beginning meter read \_\_\_\_\_
- Pool filling, existing construction Ending meter read \_\_\_\_\_
- Other \*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 § 36.08 of Swanton Village Codified Ordinances 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 -

Accepted (initials/ date): \_\_\_\_\_ Copy of history register from previous 12 months attached?  YES  NO

Has there been an approved utility adjustment, on this account, within the last 12 months?  YES  NO

Request:  Approved  Denied

Signature of Village Administrator \_\_\_\_\_ Date \_\_\_\_\_

Date Customer notified: \_\_\_\_\_

Water Adjustment Amt.		New Water Amt.	
Sanitary Sewer Adjustment Amt.		New Sanitary Sewer Amt.	
Storm Water Adjustment Amt.		New Storm Water Amt.	
Total Adjustment		New Total Bill Amt.	