

**City of Richmond**  
**Summer Sewer Adjustment Form**

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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NAME OF CUSTOMER REQUESTING ADJUSTMENT

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ADDRESS OF ADJUSTMENT REQUESTED

**(Collectors Office Use Only)**

AMOUNT OF SEWER BILLS (MAY THRU AUGUST) \$ \_\_\_\_\_

AVERAGE WATER USAGE (OCT THRU FEB) GALLONS \_\_\_\_\_

AVERAGE SEWER BILL (GAL X 7.98 + 20.09) \$ \_\_\_\_\_

FOUR MONTH AVERAGE SEWER OWED \$ \_\_\_\_\_

TOTAL AMOUNT ADJUSTED ON OCTOBER BILL \$ \_\_\_\_\_

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SIGNATURE OF CUSTOMER REQUESTING ADJUSTMENT