# City of Richmond
# Summer Sewer Adjustment Form

DATE: _____

ACCOUNT #:_____

_____

NAME OF CUSTOMER REQUESTING ADJUSTMENT

_____

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 $_____

REPORT SUBMITTED BY MARILYN O'DELL

_____

SIGNATURE OF CUSTOMER REQUESTING ADJUSTMENT