

City of Richmond
Summer Sewer Adjustment Form

DATE: _____

ACCOUNT #: _____

NAME OF CUSTOMER REQUESTING ADJUSTMENT

ADDRESS OF ADJUSTMENT REQUESTED

(Billing Office Use Only)

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

AVERAGE WATER USAGE (OCT THRU FEB) GALLONS _____

AVERAGE SEWER BILL (GAL X 9.98 + 20.09) \$ _____

FOUR MONTH AVERAGE SEWER OWED \$ _____

TOTAL AMOUNT ADJUSTED ON OCTOBER BILL \$ _____

REPORT SUBMITTED BY: Wendy Van Oster

SIGNATURE OF CUSTOMER REQUESTING ADJUSTMENT