

PORT CLINTON WATER WORKS



**1868 East Perry Street
Port Clinton, OH 43452**

**Phone 419-734-5522
Fax 419-734-5278**

REQUEST FOR SEWER ADJUSTMENTS

By-Laws, Section 104.05

Owner Name _____ Service Address _____

Acct No _____ Phone _____ (Must be provided)

I (owner/renter) _____ request a sewer adjustment for the following reason:

****PLEASE NOTE—NOT ALL LEAKS WILL QUALIFY FOR A SEWER ADJUSTMENT. PLEASE CONTACT THE WATER DEPARTMENT WITH ANY QUESTIONS****

Date discovered _____ Date repaired _____

Location & Explanation _____

Customer Signature: _____ Date: _____

For Office Use Only

Approved _____ Office Manager (or designee) _____

	<u>Sewer Amt</u>	<u>CCF</u>		<u>Sewer Amt</u>	<u>CCF</u>		<u>Sewer Amt</u>	<u>CCF</u>
	\$			\$			\$	
Should Be	\$		Should Be	\$		Should Be	\$	
Difference	\$		Difference	\$		Difference	\$	
Posted								

Disapproved _____ Reason _____