

# 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 \_\_\_\_\_

Account Number \_\_\_\_\_ 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>
	\$			\$			\$	
<b>Should Be</b>	\$		<b>Should Be</b>	\$		<b>Should Be</b>	\$	
<b>Difference</b>	\$		<b>Difference</b>	\$		<b>Difference</b>	\$	
<b>Posted</b>								

Disapproved \_\_\_\_\_ Reason \_\_\_\_\_