



GARRETT COUNTY DEPT OF PUBLIC UTILITIES REQUEST FOR WATER BILL ADJUSTMENT

Name _____
Service _____
Address _____

Phone # _____ Customer # _____

Date Leak Was Discovered: _____ Date Repaired: _____

Location of Leak: _____

Did the water go back into the sewer system (leaking toilet/faucet)? _____

Has the leak been repaired? Brief Explanation: _____

CUSTOMER SIGNATURE **DATE**

**PLEASE PROVIDE PROOF OF LEAK (i.e. receipts for repair, pictures, etc.).
IF NO DOCUMENTATION IS RETURNED WITH THIS FORM, THE ADJUSTMENT
MAY NOT BE APPROVED.**

**PLEASE MAIL FORM & RECEIPTS/PICTURES TO:
Garrett County Courthouse
203 South 4th Street, Room 107A
Oakland, MD 21550**

FOR OFFICE USE ONLY

Last 4 Qtrs	<u>Water</u>	<u>Sewer</u>
Water Usage		
_____	Billed	Billed
_____	Average	Average
_____	Difference	Difference
_____	Rate	Rate
_____	Adj	Adj
	=====	=====

ADJUSTMENT POSTED BY _____ DATE _____
DIRECTOR APPROVAL _____ DATE _____