UTILITY ADJUSTMENT REQUEST FORM

Please explain in detail all the information regarding your leak and repair. Please attach repair receipts and/or any supporting documents to this completed form. Submit all to the Water Department via email at billing-collections@moreheadcitync.org, fax at **(252) 726-2267**, mail, or in person for an adjustment review. If you have any questions please call **252-726-6848, Ext: 112.**

Date: _____ **Account Number:** _____

Name on Account: _____

Property Location: _____

Daytime Phone Number: _____

Mailing Address: _____

Leak Date: _____ **Repair Date:** _____

PLEASE EXPLAIN THE NATURE OF THE LEAK AND/OR REASON FOR REQUESTING AN ADJUSTMENT:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Customer Signature: _____

Receipts Attached (Please Circle): Yes / No