
CUSTOMER ADJUSTMENT AGREEMENT

I, the undersigned, hereby acknowledge that I am receiving an adjustment on my water and/or sewer bill **due to a water leak** and attest that the leak **has been repaired** as of the service date on my last bill. By signing below, I certify that I understand the Town of Byrdstown's Water and Sewer Policy regarding adjustments (copy provided upon request). I am aware that I am only permitted **one (1) adjustment per calendar year** (January 1st through December 31st) which can span a period of time involving **two (2) consecutive billing periods**. I also understand that the adjusted bill amount is still **due by the stated due date** and, if it is not paid in full, penalties will be applied.

Name on Account / Acct. #

Signature

Today's Date

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