

Berkeley County  
Public Service Sewer District

P.O. Box 944  
Martinsburg WV 25402



Phone: (304) 263-8566  
Fax: (304) 262-4513

ADJUSTMENT REQUEST FOR SEWER ACCOUNT

ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DESCRIPTION AND LOCATION OF LEAK APPLICABLE FOR ADJUSTMENT REQUEST

\_\_\_\_\_  
\_\_\_\_\_

ATTACH ADDITIONAL DOCUMENTATION FOR REPAIRS (RECEIPTS, ETC.)

I declare that I am the customer responsible for the payment of the sewer services under the above stated sewer account. The description given above is complete, truthful and factual to the best of my knowledge and belief. This leak has not been adjusted previously.

Customer signature X \_\_\_\_\_

For Office Use Only

Billing \_\_\_\_\_ Finance \_\_\_\_\_  
Adjustment Amount \_\_\_\_\_ Completed \_\_\_\_\_ Adjustment made \_\_\_\_\_  
Previous Adjustments \_\_\_\_\_ Types \_\_\_\_\_  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ /RE: \_\_\_\_\_ Letter Sent \_\_\_\_\_ Date \_\_\_\_\_  
COMMENTS \_\_\_\_\_