



Village of Yellow Springs

VILLAGE OF YELLOW SPRINGS SEWER UTILITY BILL ADJUSTMENT REQUEST

Name: _____ Account Number: _____

Service Address: _____

Description of Problem:

Please be sure to attach any supporting documentation (ie: repair bill, letter from repair person)

FOR COMPLETION BY VILLAGE STAFF:

Accepted by: _____ Date: _____
Utility Billing Clerk

Verification: _____ Date: _____
Public Works Staff Signature

Adjustment Approved Amount Approved: _____

Adjustment Denied

Reason for decision: _____

Finance Director Signature: _____ Date: _____