

**CLARKE COUNTY SANITARY AUTHORITY
REQUEST FOR WATER/SEWER BILLING ADJUSTMENT**

NAME ON ACCOUNT: _____

PLEASE CHECK ONE OF THE FOLLOWING: OWNER TENANT/RENTER

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

DATE OF THE BILL FOR WHICH YOU ARE SEEKING AN ADJUSTMENT

PLEASE CHECK ONE OF THE FOLLOWING:

UNDERGROUND WATER LEAK ADJUSTMENT

--If you are requesting an adjustment due to an underground water leak, please attach one of the following to your application:

- a. A copy of a plumber's invoice that you hired and paid.
- b. A written letter with dates and a list of the repairs completed. The letter should state the reason for the repair.

HIGH BILL ADJUSTMENT (NOT AN UNDERGROUND LINE LEAK)

REASON FOR HIGH USAGE, IF KNOWN: _____

By signing below, I am requesting the CCSA consider adjusting my water and/or sewer bill due to the reason stated above. I understand that CCSA policy only allows for a high bill adjustment (excluding underground water leaks) every five years and if the adjustment is granted that I would not be eligible for another high bill adjustment (excluding underground water leaks) for five years from the date of the billing cycle being adjusted. I certify that all the information in the application is correct and I am the account holder or have the authorization from the account holder to sign this application. I agree that the CCSA reserves the right to choose to monitor the usage for a time period before making a decision and that the CCSA's decision regarding all adjustments is final. The Authority's Rules and Regulations for Water and Sewer Service can be found on line at www.clarkecounty.gov or can be viewed in person at the CCSA Administrative Office, located at 129 Ramsburg Lane in Berryville, Virginia.

PRINTED NAME

DATE

SIGNATURE