

Marshville Town Hall  
118 E. Union Street  
Marshville, NC 28103

# TOWN OF MARSHVILLE

est. 1877

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## UTILITY ADJUSTMENT REQUEST FORM

Applicant Name: _____ <small>First Middle Last</small>		Date: ____/____/____
Mailing Address: _____ <small>Street Address</small>		
Service Address: _____ <small>(if different from above)</small> <small>Town, State, Zip Code</small>		
Primary Phone No: _____	Alternate Phone No: _____	
Account Number: _____	Are you the: <input type="checkbox"/> Tenant	
Documentation Verifying Excessive Use Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Occupant	
<input type="checkbox"/> Owner		
Reason for Request: _____ _____		
<p>I request an adjustment to my utility bill showing excessive use due to circumstances out of my control causing an abnormally high bill. I understand that excessive use is defined as metered water and/or sewer flow equal to or greater than one and a half times the previous six (6) month average consumption. I understand that if this request is approved, I will be billed at a regular rate for one and a half times my average consumption. Anything above said consumption will be adjusted in accordance with the Utility Service Policies and Procedures. I understand that this type of billing adjustment shall not be allowed more than one (1) time during any calendar year for the same customer, regardless of service location.</p>		
<b>SIGNED:</b> _____		<b>DATE:</b> _____

<b>- OFFICE USE ONLY -</b>	
I certify that I fully explained to the above customer that by executing this adjustment, the above customer would not be eligible for another during this calendar year. The following bill was adjusted by the amounts indicated below.	
_____ Marshville Staff Initials	
Billing Date: _____	Water Adjustment Amount: _____
	Sewer Adjustment Amount: _____
Bill Amount: _____	Adjusted Bill Amount Due: _____
<b>Accepted (Initials/date):</b>	<b>Request:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	_____ Signature of Director of Utilities or Town Manager
	_____ Date