



THE CITY OF HILLSBORO, OHIO

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

REQUEST FOR ADJUSTMENT

Today's Date: _____

Book/Account No. _____

Name on account _____

Phone number _____

Service address _____

Mailing address _____

Nature of Request: i.e. (broken pipes, etc.) One adjustment allowance per year. No adjustments will be given for a leaking toilet.

Date Leak was found _____ Date Leak was repaired _____

Pool Fill: Beginning Read _____ End Read _____ Dates: _____

Signature _____

The customer must continue to pay an average monthly water bill. Any balance remaining is due within ten days once the adjustment has been given unless a payment agreement has been requested and granted.

Do not write below this line. For Office use only

Department Notes

Water adjustment _____

Signature (1) _____

Sewer adjustment _____

Date: _____

No adjustment

Signature (2) _____

Date: _____

Water Office (937) 393-3447 · Fax (937)393-3448

www.hillsboroohio.net

"This institution is an equal opportunity provider, employer and lender."