VILLAGE OF YELLOW SPRINGS
SEWER BILL ADJUSTMENT REQUEST

Name: _____ Account Number: _____

Service Address: _____

Description of Issue: _____

_____

_____

_____

_____

_____

Please be sure to attach any supporting documentation.

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Accepted by: _____ Date: _____
Utility Billing Clerk

Average Water/Sewer Usage: _____ History Attached: ☐

Reviewed: _____ Date: _____
Public Works Staff Signature

☐ Adjustment Approved Amount Approved: $_____

☐ Adjustment Denied

Reason for decision: ☐ Did not enter sewer system ☐ Entered Sewer System
☐ Other: _____

Finance Director Signature: _____ Date: _____