VILLAGE OF YELLOW SPRINGS
STORMWATER BILL ADJUSTMENT REQUEST

Name: _____ Account Number: _____

Service Address: _____

Explanation of appeal for stormwater usage:

_____

_____

_____

_____

_____

Please be sure to attach any supporting documentation

FOR OFFICE USE ONLY:

Accepted by: _____ Date: _____
Utility Billing Clerk

Reviewed: _____ Date: _____
Public Works Staff Signature

☐ Adjustment Approved Amount Approved: _____

☐ Adjustment Denied

Reason for decision: _____

Finance Director Signature: _____ Date: _____