



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 COMPLETION BY VILLAGE STAFF:

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: _____