

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: