Town of Sparta / Public Utilities
304 S. Main Street, P.O. Box 99, Sparta, NC 28675
(P) 336-372-4257 (F) 336-372-2051 www.townofsparta.org

WATER/SEWER BILL ADJUSTMENT REQUEST FORM

This form is not a guarantee that a credit will be applied to your utility bill. You will be notified by phone or letter if the request cannot be granted or if additional information is needed. Only one adjustment will be allowed during any 12 month period and only after any leaks have been repaired and consumption returns to normal. Adjustments can only be applied to one billing period. Requests must be received within 60 days of the billing date.

Name on Account	**Account Number**
Service Address	**Contact Phone Number**
Type of Leak ☐ Underground Pipe ☐ Irrigation ☐ Toilet ☐ ☐Other_____	
Date(s) Leak Occurred	**Date Leak Repaired** (if applicable)
Copy of repair invoice attached (if repaired professionally) ☐ Yes ☐ No Copy of repair receipts attached (if repaired by owner/tenant or agent) ☐ Yes ☐ No	

Brief description and action taken to repair (continue on second page if needed):_____

_____

_____

_____

By signing below, you are authorizing the Town of Sparta to process an adjustment on the water and/or sewer portion of your bill and are certifying that the above statements are true and accurate to the best of your knowledge. If approved for adjustment, this will be the only adjustment authorized in any twelve (12) month period on your account which may result in staff denying a future adjustment even if the future adjustment is for a higher amount. **Please attach copies of plumber's statements, receipts or statement of work completed when mailing or faxing this document.**

This form is not a guarantee that a credit will be applied to your utility bill.

Account Holder Signature:_____ Date: _____

**** OFFICE USE ONLY ****			
Received: _____ By: _____ Date of Last Adjustment:_____			
Adjustment Calculated (attached)	Adjustment Applied	Customer Notified	☐ Approved Approval Signature: ☐ Denied
Staff Notes:			