

The Utilities Board of Rainbow City

E-Mail info@rbewater.net

CUSTOMER ADJUSTMENT REQUEST

Date: _____ Account #: _____ Name: _____

Address: _____ Phone #: _____

Nature of Leak: _____
(Underground, burst pipes, etc)

Reason for request: _____

Has leak been repaired? _____ Date Repaired: _____

By Whom? _____

Do you have repair receipts? _____

Customer Signature: _____ Date: _____

Approved: _____ Denied: _____

For Office Only

Amount of Adjustment:

Water: \$
Tax: \$
Sewer: \$
Garbage: \$
Penalty: \$
Miscellaneous: \$ _____
Total \$

Amount Billed: \$
Adjustment: \$ _____
Amount Due: \$

Credit or Debit

Gallons adjusted _____