

Rouss City Hall
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WATER/SEWER BILL ADJUSTMENT REQUEST FORM

CUSTOMER INFORMATION

Customer's Name on Account:

Account Number:

Service address:

City:

State:

ZIP Code:

Mailing address:

(If different from service address)

City:

State:

ZIP Code:

Telephone Number:

Cell Telephone Number:

Work Telephone Number:

E-mail Address:

I am requesting an adjustment on my Water/Sewer Utility Bill due to a water leak.

LEAK INFORMATION

Date Leak was Discovered:

Description of Leak:

REPAIR INFORMATION

The Leak was Repaired by:

Description of Repairs Made:

Cost of Repairs *(attach receipts):*

I attest that all the information above is accurate to the best of my ability.

SIGNATURE OF CUSTOMER:

Date: