

Rouss City Hall
15 North Cameron Street
Winchester, VA 22601

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Website: www.winchesterva.gov

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: