

Berkeley County
Public Service Sewer District

P.O. Box 944
Martinsburg WV 25402



Phone: (304) 263-8566
Fax: (304) 262-4513

ADJUSTMENT REQUEST FOR SEWER ACCOUNT

ACCOUNT NUMBER: _____ DATE: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

PROPERTY ADDRESS: _____

DESCRIPTION AND LOCATION OF LEAK APPLICABLE FOR ADJUSTMENT REQUEST

ATTACH ADDITIONAL DOCUMENTATION FOR REPAIRS (RECEIPTS, ETC.)

I declare that I am the customer responsible for the payment of the sewer services under the above stated sewer account. The description given above is complete, truthful and factual to the best of my knowledge and belief. This leak has not been adjusted previously.

Customer signature X _____

For Office Use Only

Billing _____ Finance _____
Adjustment Amount _____ Completed _____ Adjustment made _____
Previous Adjustments _____ Types _____
Approved _____ Not Approved _____ /RE: _____ Letter Sent _____ Date _____
COMMENTS _____