

CUSTOMER ADJUSTMENT REQUEST FORM

The Agua Special Utility District Rules regarding disputed bills under Subsection 19 of Section D – Service Rules and Regulations reads, *“In the event of a dispute between the Applicant and the District regarding any bill, the District shall forthwith make and conduct an investigation as shall be required by the particular case, and report the results in writing thereof to the Applicant. All disputes under this Subsection must be submitted to the District, in writing, prior to the due date posted on the bill”*.

I, _____, as the applicant of the District, hereby request an adjustment to my Acct. # _____ for the months of _____, 20____.

The circumstances under which I wish to receive this adjustment to my account balance are as follows:

(additional pages attached)

Adjustment Approved: \$ _____ Adjustment denied _____

By signing below, I understand that the District is not obligated to make this adjustment on my behalf. I am entitled to dispute my bill(s) at no additional cost. I also acknowledge that the District may back-bill my account for up to four (4) months for meter errors. In addition, the District may require that my meter be tested. If the meter test results indicate I have faulty or inaccurate meter, the District may adjust my bill for a period not to exceed the six (6) months prior to the discovery of the faulty or inaccurate meter. In the case of a faulty or inaccurate meter, the District shall waive the meter test fee.

Signed: _____ Date: _____
Applicant

Approved: _____ Date: _____
District

Additional signed forms required:

Complaint Form ____ Deferred Payment Agreement ____

Meter Test Authorization ____ Request for Cancellation of Customer Deposit

Cont'd, Circumstances for requested adjustment:
