

Engelhard Sanitary District
Request for Adjustment
Form Must Be Legible
Return to PO Box 579, Engelhard, NC 27824

Name: _____

Mailing Address: _____

Phone: _____ Account Number: _____

Service Location: _____

Reason for Request:

Type: () Exterior Water Leak () Other: _____

Describe Situation: _____

Proposed Resolution: _____

Adjustment Amount Requested: \$ _____

Note: Adjustments less than \$20 will not be considered. For exterior water leaks, you must supply a copy of adjusted water billing. For other situations, please attach any written evidence you wish considered.

Signature

Date

To Be Completed by ESD Personnel

Date Reviewed: ____/____/____ Amount Approved: _____

Rationale: _____

Board Action: () Approved () Disapproved

Petitioner Notified: ____/____/____ Date Paid (if applicable): ____/____/____