



Office Use Only
Eligible? Yes ___ No ___
Cycle ___

EAST ALABAMA WATER, SEWER & FIRE PROTECTION DISTRICT
150 FOB JAMES DRIVE
P O BOX 37
VALLEY, AL. 36854
PHONE (334) 756-7150
FAX (334) 756-7163

HIGH BILL ADJUSTMENT REQUEST FORM

- * In addition to the completed form, attach a copy of all invoices/receipts for parts and repair services showing that the problem causing the high bill has been resolved.
- * If no parts were purchased or no outside party was paid to make the necessary repairs, then provide a detailed explanation making it clear why no spending was necessary to resolve the problem. Also provide photographs documenting the plumbing problems that caused the high bill.

Account number : _____

Name on account: _____

Service address : _____

Explanation of Leak: _____

Date the Leak Began _____ Date Repaired _____ Contact Number _____

Signature _____ Date _____

- * Per EAWSFD Board policy, a customer is eligible for a high bill adjustment once every 12 months
- * The adjustment must be requested within 60 days of leak notification.
- * The adjustment will be a percent of the difference over the last 12 months prior to the request based upon the cost of water for the area in question. If 12 months of billing information is not available, the average of the available water usage will be utilized.
- * Customer must be current and paid in full with no outstanding balance on any/all current and past accounts.
- * No adjustment or credit will be issued without the submission of all appropriate documentation.