



Sanitary Sewer Bill Adjustment Request Form

Customers may be relieved of sanitary sewage charges for water volumes passing through the meters that do not wind up in the sanitary sewage system due to extreme or catastrophic events beyond their control

Today's Date ____/____/____

Name of account holder _____ Account # _____

Service Address _____ City _____ State _____ Zip _____

Billing Address if Different _____ City _____ State _____ Zip _____

Home # _____ Cell# _____ Work # _____

Eligible event that applies to your request:

_____ Frozen water pipes allowing water to discharge on the ground _____ Lightning damage

_____ Vandalism _____ Other

Date leak was discovered ____/____/____ Date leak was fixed ____/____/____

Explanation to fully justify request:

Location of leak ? _____

Who fixed the leak? _____ How was the leak fixed? _____

Other important details justifying your request _____

Include a copy of the detailed invoice covering the cost of the leak repair

PLEASE RETURN TO: Frank Eskridge at Athens Utilities, P.O. Box 1089, Athens, Alabama 35612 or
email form to [feskrige@athens-utilities.com](mailto:feskridge@athens-utilities.com)