



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 Number _____

Service Address _____ City _____ State _____ Zip _____

Billing Address if Different _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell _____ Work _____

Eligible event that applies to your request:

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

____ Vandalism ____ Other

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: Jimmy Junkin or Debbie Clem at Athens Utilities, P.O. Box 1089, Athens, Alabama 35612 or email form to jjunkin@athens-utilities.com or dclem@athens-utilities.com



Water Bill Adjustment Request Form

Customers will be considered for a water bill adjustment if the water bill is three (3) times the previous 6-month average consumption (adjustments available for two (2) billing periods ONLY per 12-month period).

Today's Date ____/____/____

Name of Account Holder _____ Account Number _____

Service Address _____ City _____ State _____ Zip _____

Billing Address if Different _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell _____ Work _____

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: Jimmy Junkin or Debbie Clem at Athens Utilities, P.O. Box 1099, Athens, Alabama 35612 or email form to jjunkin@athens-utilities.com or dcllem@athens-utilities.com



Sanitary Sewer One-Time Exception Request Form

48 hours notice is required for request to be processed.

Purpose: To exclude sanitary sewage charges for a one-time special water use

Applicable for only one billing period.

*****FORM MUST BE APPROVED PRIOR TO WATER USE FOR CREDIT TO BE RECEIVED*****

Today's Date _____ Date of Exceptional Use _____

Name of account holder _____ Account # _____

Service Address _____ City _____ State _____ Zip _____

Billing Address if Different _____ City _____ State _____ Zip _____

Home # _____ Cell# _____ Work # _____

Exception:

_____ The one time filling of a new swimming pool or relined pool

_____ The one time extensive irrigation of a newly sodded lawn or landscaping

Details of request:

Estimated total volume of water _____

PLEASE RETURN TO:

**Jimmy Junkin
Athens Utilities
P.O. Box 1089 Athens,
Alabama 35612**

Or email form to dclen@athens-utilities.com