

APPLICATION FOR SANITATION EXCESSIVE USE ADJUSTMENT

PURSUANT TO PROVISIONS OF ORDINANCE NO. 90-24, SECTION 2, THE UNDERSIGNED REQUESTS AN ADJUSTMENT TO SEWER CHARGES RESULTING FROM EXCESSIVE WATER USAGE THAT DID NOT GO INTO THE SEWER SYSTEM THEREBY NOT REQUIRING SERVICE TREATMENT BY GREENWOOD SANITATION.

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER (SEE SEWER BILL): _____

NUMBER OF OCCUPANTS IN HOME: _____

DATE(S) OF LEAK: _____

REASON FOR ADJUSTMENT

- | | |
|------------------------------------|---|
| <input type="checkbox"/> POOL FILL | <input type="checkbox"/> MAJOR WATER LEAK NOT ENTERING SEWER* |
| <input type="checkbox"/> LAWN CARE | <input type="checkbox"/> DAMAGED WATER LINE* |
| <input type="checkbox"/> OTHER* | |

****RECEIPTS OR OTHER DOCUMENTATION REQUIRED***

APPLICANT'S SIGNATURE: _____

DATE: _____

Mail completed form to Greenwood Finance Office, 300 S. Madison Ave., Greenwood, IN 46142
Fax 317-887-5718. Phone: 317-865-8238. Email: Utilities@greenwood.in.gov

Note* Automatic adjustment is done if leak/pool fill is between the service dates of May 1st and October 31st.

OFFICE USE ONLY

DATE ADJUSTMENT MADE: _____

BY: _____

