



CITY OF HARRISONBURG
PUBLIC UTILITIES
2155 BEERY RD
HARRISONBURG, VA 22801
540-434-6783
540-434-9769 FAX

ADJUSTMENT

REQUEST

The City of Harrisonburg water and sewer adjustment process is a City Ordinance 7-4-9. Its intent is to provide some monetary relief as a courtesy to persons who have experienced a leak or excessive consumption and who qualify for an adjustment. It is available **once in a thirty-six (36) month period** for a specific address, an event shall not extend greater than three (3) months, otherwise subject to compliance under City Ordinance 7-2-16. A leak on the customer's side of the meter to the house including plumbing inside of the house is considered a private matter and is the responsibility of the property owner to repair.

NAME _____ ACCOUNT NO. _____

ADDRESS _____

BILLING ADDRESS (if different) _____

ARE YOU THE PROPERTY OWNER? YES or NO

PHONE NUMBER _____

CAUSE OF LEAK _____

If necessary continue on additional sheet

DATE LEAK FOUND _____ DATE LEAK REPAIRED _____

**Attach a copy of repair invoices or receipts

**Attach a letter of explanation if repairs made by yourself, with receipts, etc.

*** You may scan and email all info to: WaterService@harrisonburgva.gov

I acknowledge that the information given above is true and correct to the best of my knowledge. I have read and understand the City's Adjustment Ordinance 7-4-9. Understanding that I am not eligible for another adjustment until thirty-six (36) months from granting of this credit, I still wish to make this application for credit.

Please note that you will always have to pay your monthly bill.

Signature

Date

To be completed by City of Harrisonburg staff only.

Date	Consumption

Is account eligible for an adjustment? YES or NO If not, Why? _____

Was the sewer impacted? YES or NO Reviewed for eligibility by: _____ Date: _____ Account Noted: _____