CITY OF HARRISONBURG
ADJUSTMENT REQUEST- UTILITIES
2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax
Waterservice@harrisonburgva.gov

SUBMIT

PRINT

**** FOR OFFICE USE ONLY****

CID#: _____
UTILITY ACCOUNT#:

_____

The City of Harrisonburg water and sewer adjustment process intent under City Ordinance 7-4-9 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 and must be greater than 5,000 gallons the typical or average consumption on < 1 1/2" meters; meters ≥1 1/2" will be based on average consumption, otherwise subject to compliance under City Ordinance 7-2-16. An adjustment request must be submitted within six (6) months of the occurrence in question. 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: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

EMAIL ADDRESS: _____

Check one: OWNER TENANT LANDLORD

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 be responsible for paying your monthly bill, late fees may be adjusted upon request.

_____ _____
Signature Date

To be completed by City of Harrisonburg staff only

Bill Number	Bill Date	Read Date from	Read Date to	Excess Consumption	Typical / Avg Consumption	Comm or Res	City or Rural	Meter Size	# of Units	Sewer Impacted	Receipts	Eligible	Account Noted

If not eligible, Why? _____

Reviewed for eligibility by: _____ Date: _____ WATER ONLY ACCT: _____