

Adjustment Request Form

Account Number: _____

Service Address: _____

Customer Name: _____

Date: _____

(allowed once per year)

ADJUSTMENT TYPE

One-Time High Bill Adjustment

Pool / Sewer Adjustment

FEE ADJUSTMENT REQUEST

10% Late Fee Removal

\$40 Cutoff Fee Removal

ACKNOWLEDGEMENT

I, the undersigned, request the above adjustment(s) from the City of Freeport Utilities. I understand that all adjustments are only allowed **once per calendar year**. By signing below, I certify the information provided is accurate.

Customer Signature: _____

Call Back Number: _____

OFFICE USE ONLY

Date of Last High Bill Adjustment: _____

Approved By: _____

Date Entered: _____