

# Grayson Utilities Commission

671 S State Highway 7  
Grayson, Kentucky 41143  
Phone: (606) 474-7569  
Fax: (606) 474-2662

## REQUEST FOR ADJUSTMENT FORM

### CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Account Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### ADJUSTMENT INFORMATION AND DETAILS

Type of Adjustment: Water Only  Water & Sewer  How long have you lived at this residence? \_\_\_\_\_  
If adjustment is granted I wish to have:  
Adjustment Applied to Account Balance:  **OR** Refund Requested:   
Reason for Adjustment:

**\*\*NOTE** – Attach all supporting documentation such as receipts for water repairs.

### OFFICE USE ONLY

12-month Avg Consumption:	Consumption on the affected bill:		
6-month Avg Consumption:	Does this usage exceed 200%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Original Amount (\$):	Adjusted Amount (\$):		
Commission Approval: YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Approval:	

### SIGNATURES

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_