

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 understand the adjustment will be applied to the Account Balance.

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: _____