

**REQUEST FOR REDUCTION OF WATER BILL
(ONE-TIME RECALCULATION AT INDUSTRIAL RATE)**

NAME _____

PROPERTY ADDRESS _____

ACCOUNT NUMBER _____

PHONE _____

EMAIL _____

NAME AND ADDRESS OF PROPERTY OWNER (If different from above)

DATE BILL WAS ISSUED (Request MUST be made within 30 days of this date)

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This section to be completed by Town staff.

DATE REQUEST RECEIVED _____

ACCOUNT HISTORY CHECKED _____

METER READING TAKEN (DATE) _____

APPROVED (Date) _____ **DENIED (Date)** _____

ATTESTATION OF UNDERSTANDING SIGNED (Date) _____

(Request not valid without signed Attestation of Understanding)

NOTES:

**ATTESTATION OF UNDERSTANDING
REQUEST FOR REDUCTION OF WATER BILL**

NAME _____

OWNER _____ TENANT _____

PROPERTY ADDRESS _____

ACCOUNT NUMBER _____

1. I request the Town of Walkersville to recalculate my water bill to the lower Industrial Rate.
2. THIS IS A ONE-TIME REQUEST.
3. This bill will be PAID IN FULL BEFORE the beginning of the next billing cycle or disconnection will occur.
4. No interest will be accrued on this bill for the current period.

By signing the Attestation of Understanding, I affirm that I have reviewed its contents, and confirm that I will abide by the terms and conditions set forth.

SIGNATURE _____ DATE _____

WITNESS (office staff) _____ DATE _____