4800 McCrary Road P. O. Box 809

Phone: 251-649-4316 Fax: 251-645-0950 8100 Joy Street P. O. Box 428 Citronelle, Alabama 36522

Phone: 251-866-2365 Fax: 251-866-5814

Adjustment Request Form

Customer Account	Nu	mber:			
Customer Name: _					
Service Address: Mailing Address:	-				- - -
Reason request is be	ein	g made for w	ater adju	stment:	
If request is being n	nad	e because of	a leak, h	as the leak been repaired? () Yes () No
If yes, who repaired	l: _				
				terials or plumber invoice.	
Signed by:				Date:	
To be filled out by S	== Sou	th Alabama	Utilities 2	Adjustment Committee:	
Adjust Water:	() Yes () No	If yes, the amount of:	
Adjust Utility Tax:	() Yes () No		
Adjust Penalty:	() Yes () No	If yes, the amount of:	
Adjust Sewer:	() Yes () No	If yes, the amount of:	
Adjust Sewer Penalty:	() Yes () No	If yes, the amount of:	
Remarks:					