

VILLAGE OF CONVOY

Incorporated 1874

Van Wert County

123 SOUTH MAIN STREET

P.O. BOX 310

CONVOY OH 45832-0310

LEAK & POOL FILL ADJUSTMENT REQUEST APPLICATION

As a customer of the Village of ConvoY Water & Sewer, you may request an adjustment on your current water bill if you have recently encountered a leak or had your pool filled by completing and submitting this application. Requests must be submitted within 30 days.

I, _____ account holder of the property located at: _____. Account # _____

Hereby request consideration of an adjustment to my account.

Please select the reason for the adjustment request.

_____ Pool Fill _____ Pool Repair
Date of Pool fill _____ Capacity of pool _____ Est. Gallons used _____

_____ Leak
Date of repair _____

Brief description of how the leak occurred _____

Customer Name: _____ Date: _____

By submitting this application, I am aware that only one adjustment per calendar year will be granted on my account. I understand my responsibility of any balance on the account while the account is being reviewed.

I certify that the above information is true to the best of my knowledge.

Signature _____ Date: _____

PLEASE ALLOW 30 DAYS TO PROCESS THE REQUEST

For Office Use Only _____ Adjustment Approved _____ Adjustment denied _____

Amount of adjustment _____ Completed on: _____ By: _____

Approved by: _____

Telephone & Fax: (419) 749-2266

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