

GASTONIA-SCURRY SPECIAL UTILITY DISTRICT
P.O. BOX 68
SCURRY, TEXAS 75158
972-452-3388
972-452-3328 FAX

REQUEST FOR ADJUSTMENT

I UNDERSTAND THAT THIS IS A REQUEST FOR AN ADJUSTMENT ONLY AND THAT PROOF OF REPAIR MUST ACCOMPANY THIS REQUEST FORM. ORIGINAL SIGNED DOCUMENT MUST BE SUBMITTED.

Customer Name: _____ Acct: _____

Phone: _____

I, _____, request an adjustment to my water bill due to a water leak at _____ . I understand that I can receive an adjustment only one time in a year period if I qualify as outlined in the current Adjustment Policy of Gastonia-Scurry Special Utility District. The next date that I can qualify for an adjustment will be: _____ .

I understand that this is a **request** for an adjustment and that once the adjustment is calculated a representative of the water district will contact me with an adjustment amount **if one applies**. I understand that I will be given an option to accept or decline the adjustment.

I understand that **this request does not confirm that an adjustment will automatically be placed on my account for credit.** An authorization from the account holder, on the available amount, must be given to the water district before a credit can be credited to the account.

Signature

Date

Approved By: