



P.O. BOX 779 GALVESTON, TEXAS

77553 Fax (409)-242-2148

ADJUSTMENT REQUEST

Customer name _____

Account # _____

Address _____

Location # _____

To help us determine the adjustment you may be qualified for, please answer the questions below. Attach plumber's receipts or receipts for any plumbing materials purchased. Also, indicate the approximate date the leak(s) occurred and date they were repaired. Any other information you may have concerning your problem will be helpful.

Unexplained High Consumption: _____

Plumbing problem: please indicate any that may apply

____ toilet ____ faucet (bathroom/kitchen) ____ bathtub ____ inside pipes ____ outside pipes/under house
____ sprinkler ____ water heater ____ pool ____ meter

Please explain, with details, the nature of the problem: _____

Pool filling: 1. Starting read _____ date _____ 2. Ending read _____ date _____

customer signature date