

P.O. BOX 779 GALVESTON, TX 77553

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Fax: (409) 242-2148



**ADJUSTMENT REQUEST**

Customer name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Location # \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

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**