

REQUEST FOR ADJUSTMENT

SERVICE ADDRESS:

BILLING MONTH TO BE ABATED: _____ / _____ / _____

REASON FOR REQUEST: _____

DOLLAR AMOUNT TO BE ABATED: \$ _____

CUSTOMER SIGNATURE: _____

OFFICE USE ONLY

CUSTOMER#

YES NO

WAS ACCOUNT PAID IN FULL WITHIN 14 DAYS OF DUE DATE?

” ”

HAS THE CUSTOMER BEEN LATE WITH PAYMENTS IN THE PAST 12 MONTHS?

” ”

IF YES, WHAT MONTH? _____

IS THIS THE FIRST REQUEST THIS YEAR?

” ”

OFFICE ERROR: _____

” ”

APPROVED BY: _____