

WATSON WATER COMPANY
4106 UTICA SELLERSBURG ROAD
JEFFERSONVILLE, INDIANA 47130
PHONE 812-246-5416 FAX 812-246-8783

Request for Bill Adjustment

I, the undersigned, being a Watson Water Company ("Watson Water") member, whose signature appears below, requests Watson Water to adjust my water bill for the reasons stated below. I understand that Watson Water is not legally obligated to make adjustments to my water bill, as I am responsible for any leaks occurring on my side of the water meter. I acknowledge that this form must be completed in full before Watson Water will consider my request for an adjustment to my bill. Watson Water will not grant adjustments to water bills more than 45 days old. Watson Water will not make adjustments to more than one monthly bill per year. Watson Water will not make adjustments to my bill if the leak occurs indoors. Any bill adjustments will be made at the wholesale rate measured in gallons of water.

Member's Name _____

Account # _____

Address _____

Telephone # _____

The reason(s) I believe my bill should be adjusted:

Please describe the location of the leak:

Date Leak was repaired: _____

I have attached all receipts/invoices showing proof of a leak outside my structure, and showing proof that I have had the leak repaired.

Member Signature

Date

Office notes: _____

