

**SEWER BILL ADJUSTMENT POLICY**

*A customer may be entitled to an adjustment of the customer’s sewer bill if the customer can establish that the sewage for which you were billed did not enter into the City of Columbia City’s sewage system. If the sewage entered the sewage system but was not visible, detectable or a result of the act of a customer, the customer can seek an adjustment of the customer’s sewage bill which adjustment will make the customer responsible for paying 25% of the usage over the customer’s average usage. (“Average usage” shall be determined by averaging the customer’s usage over the 12 months prior to the request)*

*To request an adjustment, please complete the following questionnaire and attach proof that the sewage did not enter the City’s sewage system*

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the water go down the sewer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the leak that gave rise to the higher sewer bill a detectable leak? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the usage intentional (i.e. filling a pool, watering a lawn, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you filed for a sewer adjustment in the last twelve (12) months?   |

Please describe the circumstances surrounding the leak for which you are requesting an adjustment:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how and by whom the leak was fixed and attach copies of all repair bills:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby swear and affirm the accuracy of the foregoing representations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Service address)

APPROVED:

\_\_\_\_\_  
Clerk/Treasurer

\_\_\_\_\_  
Gallons Approved

Account # \_\_\_\_\_

\_\_\_\_\_  
Water Supt.