



SEWER ADJUSTMENT REQUEST

Date: _____

Account Name: _____ Account Number: _____

Service Address: _____

Email: _____ Phone: _____

Date of Repair: _____

Describe Repairs Made

By signing the form, the account holder agrees to the following conditions:

- Adjustments will be processed after reflected evidence of repair, noted by reduced consumption of the following billing period.
- The customer will be required to pay an amount equal to the most recent undisputed billed amount by the due date, pending the adjustment calculation.
- Adjustment calculation will be considered based on the average consumption for the same period from the prior two (2) years, or previous three (3) months if historical data does not exist.
- If applicable, The City of Cibolo will reach out to Green Valley SUD for consumption to complete the adjustment
- If an email address is provided, account holder will be notified via email when the adjustment has been completed.
 - To ensure delivery, please add ubo@cibolotx.gov to safe senders list.

Signature: _____

★ Office Use Only ★

Comments: _____

Account Number: _____ - _____ - _____

Adjustment Amount: \$ _____

	Calculated Consumption *Per Billing Software	Adjusted Consumption *Updated Consumption
December:	_____	_____
January:	_____	_____
February:	_____	_____
Average Consumption:	_____	_____
Calculated Charge:	_____	_____

Approved Denied

Signature: _____