

**CITY OF DELPHOS
UTILITIES OFFICE
608 N. CANAL ST.
DELPHOS, OH 45833
419-695-4010 ext. 100**

WATER/SEWER ADJUSTMENT REQUEST FORM

Date: _____

Name: _____

Service Address: _____

Nature of Request:

Signature of person making request: _____

FOR OFFICE USE ONLY

Account Number: _____ Control #: _____

Investigation Determination or any Recommendations:

Per Section 1114A of policy Water Quality Problem Adjusted: Yes ___ No ___
 Per Section 1114B of policy Lawn Watering
 Per Section 1114b1 of policy other; as indicated above
 Per Section 1114D of policy

Amount of Adjustment (cubic feet)
Water _____ \$ _____
Sewer _____ \$ _____

Recommended by: _____

Authorized by: _____

Processed by: _____