

Water/Sewer Adjustment Request

City of Delphos

608 N. Canal St.
Delphos, OH 45833
419-695-4010

Service Address: _____

Property Owner Name: _____

Billing Address: _____

If different from Service address

Contact Phone No: _____

Cell Home or Work
(circle appropriate one)

Type of Request:

Lawn Watering System

Lawn Watering
 Pool Fill up
 Water leak

Other

Nature of Request: (List dates and times and as much information as possible including any backup information, i.e. plumbers bill)

Signature of requestor: _____ Date: _____

Date request was filed with Utility Office: _____

Date given to Water Superintendent for investigation: _____

For Office Use Only

Account No.: _____

Adjustment: Approved ____ Denied ____ or Approved with stipulation ____

Amount of Adjustment: _____ x \$ _____ = \$ _____ water
_____ x \$ _____ = \$ _____ sewer

Board of Control:

Mayor

Safety Service Director

Date approved by City Council: _____