



Town of Holden Beach Adjustment Application

Date of Request: _____

Name: _____

Service Address: _____

Account #: _____

Telephone #: _____

Reason for requesting an adjustment: _____

If requesting an adjustment due to a leak please provide location: _____

**** Please attach a copy of the plumbing repair invoice or a copy of the receipt for any parts purchased to repair the leak. ****

Applicants Signature: _____

The Following is for Office Use Only

Date of billing requiring adjustment: _____

House or Irrigation Meter: _____

Customer notified of adjusted total due on: _____

