



## Town of Holden Beach Adjustment Application

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_