Bill Adjustment Application

Applicant's Name: _____
Phone No.: _____

For MCPU use only

Account No: _____

Service Address: _____
City: _____
State: _____
Zip Code _____

Billing Address: _____
City: _____
State: _____
Zip Code: _____

Bill #1 Due Date: _____
Bill #2 Due Date: _____

Bill #1 Amount: _____
Bill #2 Amount: _____

Reason for this request: □ Leak □ Theft (attach police report)
Date the leak / theft was discovered: _____
Is this service address connected to a public sewer system? □ Yes □ No
If yes, which sewer system? □ MCPU □ Other
If yes, did the leaking water enter a public sewer system? □ Yes □ No

Please let us know what and where the leak was and if it was repaired. If the service address is connected to a public sewer system other than MCPU's please provide an explanation of why and how the leaking water did or did not enter the public sewer system. Also indicate the corrections made to remedy the situation and prevent future occurrences.

I certify the information provided is true, accurate, and complete to the best of my knowledge. I understand that the repairs and/or corrections made to my property need to be comprehensive and sufficient enough to prevent future occurrences as relief under this policy will not be available to me for a period of two (2) years from the date ofthis application **and** no more than twice over the lifetime of each account.

I understand that any sewer adjustments (if applicable) must be approved by the owner of the sewer utility. For my convenience, I give Montgomery County permission to provide a copy of this Bill Adjustment Application to the sewer utility owner.

Applicant's Signature _____ Date _____

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I fully explained by executing this adjustment form, the above account would not be eligible for another adjustment for a period of two (2) years from the date of this application. I certify I explained each account is only eligible for two (2) adjustments for the lifetime of the account. This form, if applicable has been forwarded to the sewer utility for their review. The following bill(s) were adjusted by the amounts indicated below:

Bill#1 Adjusted Amount: _____

Bill#2 Adjusted Amount: _____

Total Adjustment: _____

Signature of MCPU Staff _____ Date _____

Updated 10/2025