



# MONTGOMERY COUNTY PUBLIC UTILITIES

BILLING & CUSTOMER SERVICE  
444 North Main Street  
Troy, NC 27371  
(910) 572-1221

[www.montgomerycountync.com](http://www.montgomerycountync.com)

TREATMENT & OPERATIONS  
724 Hydro Road  
Mt. Gilead, NC 27306  
(910) 439-6197



## BILL ADJUSTMENT APPLICATION

**Applicant's Name:** \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Account 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

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 above 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 of this 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