Town of Mount Gilead Utility Adjustment

110 West Allenton Street Mount Gilead, NC 27306
Fax: (910) 439-1336

Applicant's Name: _____
Phone No.: _____
Account No.: _____

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

Adjustments to an abnormally high utility bill may be granted when ALL of the following conditions are met:

- ☐ Customer notifies the Town of Mount Gilead of an excessive utility bill that may be related to a leak.
- ☐ Adjustments from the Town of Mount Gilead will only be given on the sewer portion of any bill.
- ☐ Leak occurred on the customer's side of the meter.
- ☐ Customer must provide evidence that excessive water use or leak did not enter the sewer system.
- ☐ Customer must provide proof confirming the leak was repaired (receipts, invoices, photos, etc...)

I certify the information on the Montgomery County Bill Adjustment Application 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. I also acknowledge that relief under this policy will not be available to me for a period of one (1) year from the date of this application.

_____ _____
Applicant's Signature Date

For Official Use Only

I fully explained by executing this adjustment form, the above account would not be eligible for another adjustment for a period of one (1) year from the date of this application. The following bill(s) were adjusted by the amounts indicated below:

Bill#1 Adjusted Amount: _____ **Account No:** _____
Bill#2 Adjusted Amount: _____
Total Adjustment:

_____ _____
Signature of Town of Mount Gilead Staff Date