



CITY OF BLOOMINGTON UTILITIES

POLICY AND PROCEDURE FOR ADJUSTMENTS

Complete this form requesting an adjustment and include any supporting documentation, such as a repair invoice or photos. You will be notified by letter if your request has been approved or denied. If approved, the amount of any adjustment will be included.

Please submit your request to the following:

Attn: Accounts Receivable
City of Bloomington Utilities
P.O. Box 1216
Bloomington, IN 47402-1216
or
utilities.ar@bloomington.in.gov

Account Number: _____

Customer Name: _____

Customer Mailing Address: _____

Customer Email Address: _____

Phone Number: _____

Explanation of Adjustment Request/Leak:

Date the leak was repaired: _____

Address where the leak happened: _____

Customer Signature: _____ Date _____