CITY OF BLOOMINGTON UTILITIES

Wastewater Adjustment Request

Complete this form requesting an adjustment on the wastewater overage caused by the leak. Repair documentation is required. Include any supporting documentation, such as a repair invoice, receipt for parts purchased, and photos. You will be notified by letter if your request has been approved or denied. If approved, the amount of any adjustment will be posted to your account.

Please submit your request to the following:
Attention: Accounts Receivable
City of Bloomington Utilities
P.O. Box 1216
Bloomington, IN 47402-1216
or
utilities.ar@bloomington.in.gov

Account Number: _____

Name: _____

Address where the leak happened: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Explanation of Adjustment Request/Leak:

_____

_____

_____

_____

Date the leak was repaired: ____/____/_____

Customer Signature: _____ **Date** ____/____/_____