

City of Northville
Finance Department
215 W. Main Street
Northville, Michigan 48167
Phone (248) 449-9901 Fax (248) 449-9953

Request for Sewer Adjustment

Date: _____ Account #: _____

Customer name _____

Service address _____

Daytime phone # _____

Detailed Information

Date problem was discovered _____

Were repairs made to correct excess water use? Yes (please attach proof)

No

Do you know where the excess water was discharged?

Please provide an explanation of the excess water use and justify the reason why an adjustment is being requested.

Only one Sewer Adjustment, if approved, is allowed per customer per service location. By signing this Sewer Adjustment Form I certify that I have not applied for and received a sewer adjustment, for this location, in the past. I also agree and understand that the City will be conducting an inspection to determine where the abnormal water usage was discharged to. I also understand and agree that it will be my responsibility to correct the problem that caused my excess water use.

Signature: _____ Date signed: _____

Office Use Only

Date application received: _____ City inspection report attached: Yes No

Has this property received this adjustment in the past? Yes No

Public Works Approval: _____ Finance Department Approval: _____

Units eligible for credit: _____ Per Unit Rate: _____ Adjustment Amount: _____