

CUSTOMER REQUESTED ACCOUNT ADJUSTMENT

Customer Name: _____

Customer Service Address: _____

Account Number: _____ **Date:** _____

Change Bank Draft Amount for current bill to \$ _____

Refund Account Credit Balance of \$ _____

Adjust bill due to Inactive Consumption effective: _____

(Requires copy of lease or purchase agreement to verify date of occupancy)

Other (explain): _____

Print Name	Signature	Date
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OFFICE USE ONLY

Received By: _____ **Date:** _____

Processed By: _____ **Date:** _____