

Town of Black Mountain
 160 Midland Ave
 Black Mountain, NC 28711



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UTILITY ADJUSTMENT REQUEST FORM

| | | | |
|--|--|-------------|----------------------|
| Applicant Name: _____ | | | Date: ____/____/____ |
| | First | Middle | Last |
| Service Address: _____ | Street Address | | |
| Mailing Address: _____ (If different from above) | Town, State, Zip Code | | |
| Primary Phone No: _____ | Alternate Phone No: _____ | | |
| Account Number: _____ | Are you the: <input type="checkbox"/> Tenant | | |
| Documentation Verifying Excessive Use Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Owner | | |
| Reason for Request: _____ | | | |
| <p>I request an adjustment to my utility bill showing excessive use due to circumstances out of my control causing an abnormally high bill. I understand that if this request is approved, an account adjustment will be calculated based on The Town of Black Mountain Utility Service Policies and Procedures. I understand that this type of billing adjustment shall not be allowed more than one (1) time during 24 month period for the same customer per account.</p> | | | |
| SIGNED: _____ | | DATE: _____ | |

| - OFFICE USE ONLY - | |
|--|--|
| Billing Date(s): _____ Bill Amount(s): _____ | Water Adjustment Amount: _____ Sewer Adjustment Amount: _____ Late Fee Adjustment Amount: _____ <div style="text-align: right;"> TOTAL ADJUSTMENT: \$ 0.00 </div> |
| Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for Denial: _____ | |
| _____ Finance Director or Town Manager Approval | _____ Date |