



Sewer Adjustment Request

Please answer the following questions with as much detail as possible, sign your statement and return to us at your earliest convenience. (**Must be completed by individual who repaired leak.)

Service Address: _____

Account Number: _____ **Date of Repair:** _____

Describe leak (including exact location)* _____

Where did excess water go? _____

What exactly was done to repair leak? _____

Phone (Residence): _____ **Phone (Business):** _____

Signature: _____ **Date:** _____

We will forward your sewer adjustment request to the appropriate party as soon as we receive this information from you and your water usage returns to normal for two consecutive months.

***If any of the line between the house and the meter is replaced a plumbing permit is required. We need the plumbing permit number:**

Please attach any additional information and RECEIPTS and return this form to:

Attn: Billing Department
Owensboro Municipal Utilities
P.O. Box 806
Owensboro, KY 42302-0806