

**City of Richmond**  
**Summer Sewer Adjustment Form**

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

---

NAME OF CUSTOMER REQUESTING ADJUSTMENT

---

ADDRESS OF ADJUSTMENT REQUESTED

(Collectors Office Use Only)

AMOUNT OF SEWER BILLS (MAY THRU AUGUST)                      \$ \_\_\_\_\_

AVERAGE WATER USAGE (OCT THRU FEB) GALLONS                      \_\_\_\_\_

AVERAGE SEWER BILL (GAL X 7.98 + 20.09)                      \$ \_\_\_\_\_

FOUR MONTH AVERAGE SEWER OWED                      \$ \_\_\_\_\_

TOTAL AMOUNT ADJUSTED ON OCTOBER BILL                      \$ \_\_\_\_\_

REPORT SUBMITTED BY MARILYN O'DELL

---

SIGNATURE OF CUSTOMER REQUESTING ADJUSTMENT