



TOWN OF PULASKI  
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PULASKI VA 24301  
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### APPLICATION FOR ONE-TIME WATER OR SEWER ADJUSTMENT

In accordance with the provisions of the "Ordinance Providing for Adjustments to Water and Sewer Charges Related to Leaks or Breaks on Private Property", adopted by the Pulaski Town Council on January 15, 1991, the following person, firm, or corporation (hereinafter referred to as "Customer"):

Customer Name: \_\_\_\_\_

Location: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

hereby applies for a credit against the customer's water and/or sanitary sewer charges for water consumed on the premises that has not been returned to the sanitary sewer system and/or for a water break or leak on the customer's side of the water meter.

By making this application, the customer certifies that the information contained in this application is true and accurate to the best of the customer's knowledge. The customer also acknowledges that he/she is aware that he/she may not request a water or sewer adjustment more than once a year.

**\*\*\*\*ADJUSTMENT WILL BE REFLECTED ON NEXT MONTH'S WATER BILL\*\*\*\***

Name of Customer: \_\_\_\_\_

By: (Agent of Customer \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Agent or Customer                      Agent's Title

ATTACHMENTS: The following attachment (Attachment A) is part of this application and must be completed before the application will be considered by the Town of Pulaski.

**PLEASE COMPLETE ALL ITEMS ON THE FOLLOWING PAGE BEFORE RETURNING TO OUR OFFICE.**

**ATTACHMENT A**

CUSTOMER'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NATURE OF CREDIT: Please check one of the following:

a. Adjustment to Sewer Charge \_\_\_\_\_

b. Adjustment to Water Charge \_\_\_\_\_

JUSTIFICATION FOR CREDIT: Please describe the circumstances that support this application for a water or sewer credit. (Example: Water line break or leak on the customer's side of the water meter where such water was not returned to the sanitary sewer system). **Please attach all receipts for items**

**purchased to make repair for our auditors. Adjustment may not be approved without receipt or bill of repair.**

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If application is for sewer credit, where did the water drain: \_\_\_\_\_

\*\*\*Estimated date that leak or break was repaired \_\_\_\_\_ \*\*\* PLEASE COMPLETE

\*\*\*Estimated date that leak or break was discovered \_\_\_\_\_ \*\*\*PLEASE COMPLETE

-----XXXXXXXX-----XXXXX

**ITEMS A AND B TO BE COMPLETED BY TOWN STAFF**

A. Amount of water consumed because of leak or break \_\_\_\_\_

B. Average monthly consumption over last four months \_\_\_\_\_

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**FOR TOWN USE ONLY**

Sewer Adjustment:            Approved \_\_\_\_\_            Denied \_\_\_\_\_

Water Adjustment:            Approved \_\_\_\_\_            Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Town Manager

Amount of sewer credit: \_\_\_\_\_            Amount of water credit: \_\_\_\_\_

Recommended/Not Recommended by Finance Director \_\_\_\_\_

Recommended/Not Recommended by Public Works Director \_\_\_\_\_