



APPLICATION FOR SANITATION EXCESSIVE USE ADJUSTMENT

PURSUANT TO PROVISIONS OF ORDINANCE NO. 90-24, SECTION 2, THE UNDERSIGNED REQUESTS AN ADJUSTMENT TO SEWER CHARGES RESULTING FROM EXCESSIVE WATER USAGE THAT DID NOT GO INTO THE SEWER SYSTEM THEREBY NOT REQUIRING SERVICE TREATMENT BY GREENWOOD SANITATION.

NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER (SEE SEWER BILL): _____

NUMBER OF OCCUPANTS IN HOME _____

DATE(S) OF LEAK _____

REASON FOR ADJUSTMENT

____ POOL FILL

____ MAJOR WATER LEAK NOT GOING THROUGH SEWER*

____ LAWN CARE

____ DAMAGED WATER LINE*

____ OTHER*

* RECEIPTS OR OTHER DOCUMENTATION REQUIRED.

APPLICANT'S SIGNATURE: _____

DATE: _____

Mail completed form to Greenwood Finance Office, 300 S. Madison Ave., Greenwood, IN 46142 or

Fax 317-887-5718. Phone: 317-865-8238

note* automatic adjustment is done if leak/pool fill is between service dates of May1st and October 31st

DATE ADJUSTMENT MADE: _____

BY: _____