

City of Harrison Utilities

Water/Sewer Customer Adjustment Request Form

*All adjustment requests will be presented to the Utilities Director, for approval.
A copy of the disputed bill must be attached to this form.*

Date:	
Name:	
Address:	
Account Number:	
Billing Date:	
Phone Number:	
Customer Signature:	

Explain reason for adjustment request: _____

Please allow 3 to 5 business days for your request to be processed.
We will contact you by phone with your new bill amount.

Office Use Only

Approved:

Jim Leslie, Public Works Director

Date: _____

Denied:

Jim Leslie, Public Works Director

Date: _____

Reason: _____

