CITY OF BAY CITY
UTILITY ADJUSTMENT REQUEST

Date of Request: _____ Account # _____

Account Name: _____

Service Address: _____

Mailing Address: _____
(If different from service address)

Person Requesting Adjustment: OWNER_____ TENANT_____ OTHER_____

Contact phone number #1: _____ #2 _____

Reason for request: _____

_____

_____

_____

Has repairs been made? YES _____ Date: _____

NO _____

To be completed by City of Bay City Staff:

Received by: _____ **Date:** _____

History Available: YES ____ NO _____
(If yes, attach copies of background history with this form)

Meter Number: _____ **Meter Size:** _____

Denied: _____ **(Reason attached)**

Approved: _____ **Amount: $** _____ **$** _____
(Water) **(Sewer)**

Authorized by: _____ **Date:** _____

Department/Title: _____

(EFFECTIVE 4/2/12)