



CITY OF HAYSVILLE, KANSAS

200 W. GRAND AVENUE - P.O. BOX 404 - HAYSVILLE, KS 67060
(316) 529-5900 - FAX (316) 529-5925 - WWW.HAYSVILLEKS.GOV

ADJUSTMENT OF WATER BILLS

Date

Account Number

I, _____, owner / renter of residence at
(Name)

_____ hereby ask for an adjustment of
(Address)

my _____ water bill because of a leak.
(Month)

The water leak at the above address was repaired on _____. The amount of the plumber bill / receipt was \$_____ (please attach a copy of the invoice / receipt). I understand I must sign up for a water portal account to receive an adjustment. _____ initials.

What was repaired?

- ☐ Water Heater: Repaired / Replaced (Circle One)
- ☐ Water Service Line (Water Meter to House): Repaired / Replaced (Circle One)
- ☐ Other (Please Specify): _____.

Who made the repairs?

- ☐ Property Owner
- ☐ Plumber

Daytime Phone

Owner/Renter Signature

-----**Office Use Only**-----

Total last year's usage, if applicable _____
Present usage _____
Average past usage / City average _____
Consumption difference / City rate _____
Amount of adjusted bill _____
Sewer adjustment, if applicable _____

Plumber

License #

Repair Order No.

Permit: Yes/No

I have reviewed documentation submitted for the leak at the above address and an adjustment to their water account **WAS / WAS NOT** made per the water bill adjustment policy 15-139 (Ord. 725; Code 2003).

Water Department

Consumer was contacted with the results on: _____.