

**CITY OF LAWRENCEBURG**

100 North Main Street  
Lawrenceburg, KY 40342

**Sewer Bill Adjustment Request**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

Please adjust the Sewer portion of my utility bill. The specific reasons for this request are as follows:

\_\_\_\_ \*Repaired swimming pool leak: Date: \_\_\_\_\_

\_\_\_\_ \*Filled swimming pool: Fill Date: \_\_\_\_\_ Est. Gallons of Water: \_\_\_\_\_

\_\_\_\_ \*Water Line break/leak: Repair Date: \_\_\_\_\_

\_\_\_\_ \*Plumbing Repairs: Repair Date: \_\_\_\_\_

Type of Repair: \_\_\_\_\_

\_\_\_\_ \*Other (Please Specify) \_\_\_\_\_

Where did the water go? To Sewer \_\_\_\_\_

**OFFICE USE ONLY**

Monthly Average: \$ \_\_\_\_\_ Monthly High: \$ \_\_\_\_\_

ADJUSTED BILL FOR \_\_\_\_\_ : \$ \_\_\_\_\_  
(Month/Year)

Adjustment: **APPROVED / DENIED** Reviewed By: \_\_\_\_\_

Please attach all receipts for repair expenses.  
Swimming Pool Adjustments are limited to two (2) adjustments per year.