



CITY OF MIAMISBURG
UTILITY BILLING
10 N FIRST STREET
MIAMISBURG, OH 45342
(937) 847-6460
FAX: (937) 847-6430

APPLICATION FOR UTILITY BILL ADJUSTMENT

Effective July 1, 2020, a Leak Adjustment will only be considered for detectable leaks. The leak must be fixed/repaired for an adjustment to be considered. Complete this form and return , with all necessary attachments, to the Utility Billing Office, 10 N First Street, Miamisburg, OH 45342.

Name: _____ Account No.: _____

eMail: _____

Address: _____

Phone No.: _____ Number of Occupants: _____

Location of Leak: Toilet ___ Appliance ___ Underground ___ Other _____

Tell us how and when you discovered the problem. List steps taken to repair the problem and the date it was fixed. Attach copies of bills for plumbing repairs and/or parts. If additional space is needed, attach another sheet.

In making this request, I understand all adjustment requests must be reviewed and approved by the Finance Department. I further understand that I am required to make payments in an amount determined by the Finance Department while this application is pending.

Applicant Signature: _____ Date: _____

For office use only		
Invoice Date: _____	Carryover? Yes ___ No ___	
Original Amount Due	Adjustment Amount	New Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
NOTES		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Office Review: _____	Finance Review: _____	