



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/repared 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
NOTES		
Office Review: _____ Finance Review: _____		