



CERTIFICATION FOR SEWER ADJUSTMENT

(Requests must be submitted within two (2) months of the bill(s) for which the adjustment is requested.)

Resident's Name: _____

Utility Acct Number: _____ Contact Number: _____

Service Address: _____

Description of leak or pool fill (please specify dates incident occurred and ended):

Leak location on property: _____ Date leak repaired: _____

*Who completed the work? (Company Name): _____

****NOTE: A COPY OF EITHER A DETAILED INVOICE/RECEIPT FOR REPAIR, RECEIPT FOR PARTS**
OR STATEMENT FROM THE POOL COMPANY WITH THE GALLONS ANTICIPATED TO FILL THE POOL
MUST BE ATTACHED TO THIS FORM**

Certification:

I certify this request for an adjustment to the Town of Flower Mound Utility Billing is true and factual. I understand granting of an adjustment will be in compliance with the Ordinances and Polices of the Town of Flower Mound.

Signed

Date

Please Submit To:
Town of Flower Mound
2121 Cross Timbers Rd
Flower Mound, TX 75028
(Fax) 972-874-6491
utilitybilling@flower-mound.com

For Office Use Only: Date Received: _____ initial _____