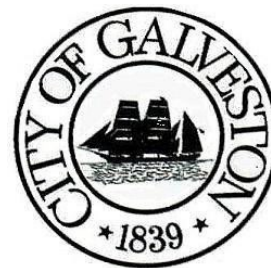


City of Galveston, Utility Billing
P.O. Box 779
Galveston, TX 77553

Email: customerservice@galvestontx.gov



ADJUSTMENT REQUEST

Customer name _____ Account # _____

Address _____ Location # _____

Email _____ Phone# _____

****To help us determine the adjustment you may be qualified for, please answer the questions below. Attach plumber's receipts or receipts for any plumbing materials purchased. Also, indicate the approximate date the leak(s) occurred and date they were repaired. Any other information you may have concerning your problem will be helpful.**

Unexplained High Consumption: _____

Plumbing problem: please indicate any that may apply

____ toilet ____ faucet (bathroom/kitchen) ____ bathtub ____ inside pipes ____ water heater
____ outside pipes/under house ____ sprinkler ____ pool ____ meter

Please explain, with details, the nature of the problem: _____

Pool Fill: 1. Starting Read _____ Date _____ 2. Ending Read _____ Date _____

Customer Signature

Date