

City of Galveston, Utility Billing
 P.O. Box 779
 Galveston, TX 77553
 Email: waterbillingquestions@galvestontx.gov



ADJUSTMENT REQUEST

To determine if you qualify for an adjustment, answer the questions below. Attach plumber's receipts or receipts for any plumbing materials purchased. All areas marked with a red * are required fields and must be provided to be considered for an adjustment.

* CUSTOMER NAME	ACCOUNT NUMBER
* SERVICE ADDRESS	LOCATION NUMBER
EMAIL ADDRESS	* PHONE NUMBER

* DATE OF OCCURRENCE:
* DATE OF REPAIR:
* DISPUTED MONTHS:

- | | |
|--|--|
| <input type="checkbox"/> TOILET | <input type="checkbox"/> FAUCET (BATHROOM/KITCHEN) |
| <input type="checkbox"/> BATHTUB | <input type="checkbox"/> INSIDE PIPES |
| <input type="checkbox"/> OUTSIDE PIPES (UNDER HOUSE) | <input type="checkbox"/> SPRINKLER |
| <input type="checkbox"/> POOL | <input type="checkbox"/> METER |
| <input type="checkbox"/> UNEXPLAINED | |

* Please explain, in detail, the nature of problem:

Pool Fill:

* Starting Read:	* Date:	* Ending Read:	* Date:
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* CUSTOMER SIGNATURE	* DATE
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