



**Tontitown Water Utility**  
Post Office Box 127  
155 Fantinel Drive Suite D  
Tontitown, AR 72770  
PH: 479-361-2996, Fax: 501-421-8774

### Utility Billing Adjustment Request

\_\_\_\_\_  
Date Account Number

\_\_\_\_\_  
Account Name Contact Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Service Address

Adjustment Request for Bill Due: \_\_\_\_\_

I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit, the review process is performed in the order the requests are received and credits issued will be reflected on my utility statement as an adjusted amount within the 30 day period. I understand utility accounts are allowed no more than one adjustments each year. I understand that payment may not be withheld; the payment must be current to avoid the 10% penalty. I am aware that the criteria for bill adjustments can be found at <http://www.tontitownws.com/forms/TWU%20Terms%20and%20Conditions%20of%20Service.pdf> or is available upon request at the Tontitown Water Utility office. I have read these terms and fully understand them.

Statement of repair:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required documentation must be attached:**

- Copy of repair invoice (if repaired professionally)
- Copy of repair receipts (if repaired by self)

\_\_\_\_\_  
Customer Signature Date

Adopted: September 1, 2009