



Town of Ocean Isle Beach Adjustment Application

Today's Date: _____

Name: _____

Service Address: _____

Account #: _____

Telephone: _____

Reason for Requesting an Adjustment: _____

****Please attach a copy of the plumbing repair invoice or a copy of the receipt for any parts purchased to repair the leak.****

Applicant's Signature: _____

The Following is for Office Use Only

Date of billing requiring adjustment: _____

House or Irrigation Meter: _____

Customer notified of adjusted total due on: _____