



**Town of Ocean Isle Beach
Adjustment Application**

Today's Date: _____

Name: _____

Service Address: _____

Account #: _____ Telephone: _____

Reason for Requesting an Adjustment: _____

- Customers **must** submit a copy of the plumbing repair bill or a copy of the receipt for parts purchased to repair the leak
- Adjustments will not be granted if this information is not provided.
- Customer's account must be **paid in full** and kept current until the leak adjustment is reviewed, and a decision is made.

Applicant's Signature: _____

*****Below this line office use only*****

Adjust Water Total: _____

Adjust Sewer Total: _____

Other Adjustments: _____

Additional Information: _____

Requested By: _____ Date: _____

This document has been reviewed and approved by:

Acct. Supervisor: _____

Finance Officer: _____

Email: tracy@oibgov.com