

Book: _____

Stop: _____

West Carteret Water Corporation

(A Non-Profit Corporation)

4102 Highway 24

Newport, North Carolina 28570

Office: (252) 393-1515 ♦ Fax: (252) 393-1540

ADJUSTMENT REQUEST FORM

In order to review your account for an adjustment, please explain in full detail all information regarding leaks and repairs, attaching copies of all repair receipts. WCWC will calculate the overage and absorb fifty percent of the excess above the account's average water bill. Adjustments can only be completed after it has been determined that the leak has been repaired. **The minimum will be \$40.00.**

One adjustment per account location per 12-month period will be allowed.

DATE: _____

ACCOUNT NUMBER: _____

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

CONTACT NUMBER: _____

ALT CONTACT NUMBER: _____

LEAK DATE: _____

REPAIR DATE: _____

WHO REPAIRED: ACCOUNT HOLDER LICENSED PLUMBER

RECEIPTS PROVIDED: YES

PROBLEM: _____

Signature of Account Holder / Date