

Town of Aberdeen  
 115 North Poplar Street  
 Aberdeen, NC 28315



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## UTILITY ADJUSTMENT REQUEST FORM

Applicant Name: _____ Date: ____/____/____	
First	Last
Email Address: _____	
Service Address: _____	
Primary Phone No: _____	Alternate Phone No: _____
Account Number: _____	Are you the: <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant <input type="checkbox"/> Owner
Documentation Verifying Excessive Use Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for Request: _____ _____	
<p>I request an adjustment to my utility bill showing excessive use due to circumstances out of my control causing an abnormally high bill. I understand that excessive use is defined as metered water and/or sewer flow equal to or greater than three times the previous six (6) month average consumption. I understand that if this request is approved, I will be billed at a regular rate for my average consumption over a six (6) month period. Anything above said consumption will be adjusted in accordance with the Utility Service Policies and Procedures. I understand that this type of billing adjustment shall not be allowed more than one (1) time during any twelve (12) month period for the same customer, regardless of service location.</p>	
<b>SIGNED:</b> _____	<b>DATE:</b> _____

<b>- OFFICE USE ONLY -</b>	
I certify that I fully explained to the above customer that by executing this adjustment, the above customer would not be eligible for another during the following twelve (12) months. The following bill was adjusted by the amounts indicated below.	
<b>USAGE BILLED:</b> _____	<b>AVERAGE USAGE:</b> _____
	Aberdeen Staff Initials
Billing Date: _____	Water Adjustment Amount: _____
	Sewer Adjustment Amount: _____
Original Bill Amount: _____	Adjusted Bill Amount Due: _____
<b>Accepted (Initials/date):</b> _____	<b>Request:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Signature of Official Approving Adjustment _____ Date _____