



# City of Springfield

*The heart of Effingham*

## Plumbing Leak / Pool Fill Utility Bill Adjustment Request Form

**Customer name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_

Submittal of this form is not a guarantee that a credit will be applied to your utility bill. You will be notified by phone or e-mail if the request is denied or if additional information is needed. This form is a request only. Each customer will be responsible for providing receipts for repairs as proof of said repair. This form does not excuse a bill. Failure to pay your bill by its due date may result in fees and disconnection.

### Pool Fill Adjustment Request

Purpose for fill (please circle one):                      New pool                      Repair

Beginning meter read: \_\_\_\_\_ Ending meter read: \_\_\_\_\_  
Estimated # of gallons used: \_\_\_\_\_ Date filled: \_\_\_\_\_

### Plumbing Leak Adjustment

Where was leak located? \_\_\_\_\_

Did the water go down the sewer? \_\_\_\_\_ Repair date: \_\_\_\_\_

Give a detailed description of the problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Clerks Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

