Caldwell County Water Department
1385 Fairview Dr.
Lenoir, NC 28645

Caldwell County
NORTH CAROLINA
Water Department

(P) 828.757.5757
(F) 828.757.5759
www.caldwellcountywater.com
email to: water@caldwellcountync.org

UTILITY ADJUSTMENT REQUEST FORM

Applicant Name: _____ Date:__/___/___
First Middle Last

Mailing Address: _____
Street Address

_____
Town, State, Zip Code

Service Address: (if different from above) _____

Primary Phone No: _____ Alternate Phone No: _____

E-mail address: _____ Social Security/ Federal ID #: _____ License/ID State & #: _____
(Copy Onto Back of Application)

Account Number: _____

Documentation Verifying Excessive Use Attached: ☐ Yes ☐ No

Are you the: ☐ Tenant ☐ Owner

Reason for _____

Request: _____

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 one and a half times the previous eleven (11) month average consumption. I understand that if this request is approved, I will be billed at a regular rate for one and a half times my average consumption. Anything above said consumption will be adjusted in accordance with the Utility Service Policies and Procedures. I understand that this type of billing shall not be allowed more than one (1) time during any five (5) year period for the same customer, regardless of the service address.

SIGNED: **DATE:**

FOR OFFICE USE ONLY

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 next five (5) years. The following bill was adjusted by the amounts indicated below.

_____
Caldwell County Water Staff Signature

Billing Date: _____ Water Adjustment Amount:_____

Bill Amount: _____ Sewer Adjustment Amount:_____

Adjusted Bill Abount Due: _____

Accepted Request:
Initials/date ☐ Approved ☐ Denied _____
Signature of Caldwell County Water Staff