

**TOWN OF OAK GROVE WATER/SEWER DEPT.
BILL ADJUSTMENT FORM**

Account Number _____

Customer Name _____

Customer Address _____

Customer Phone # _____

I hereby declare that the above service is in my name or that I am the authorized agent for the service and that a high water consumption resulted from a water leak. Attached is the bill/receipt for repairs.

Date of repair _____

Repairs made _____

Repaired by _____

Customer Signature _____

Date Requested _____