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| **MONTVILLE WATER DEPA**[**RTMENT**](http://www.google.com/imgres?imgurl=http://rapidappraisalinc.com/wp-content/uploads/2012/07/East-Lyme-Connecticut-Town-Seal.jpg&imgrefurl=http://rapidappraisalinc.com/east-lyme-connecticut/&h=150&w=180&sz=6&tbnid=66WFII_sgKxgxM:&tbnh=90&tbnw=108&zoom=1&usg=__IFudkg6m0oQ1U5lSUk6NokgU-kQ=&docid=jQs6qLh7vKqycM&sa=X&ei=lYegUqzyFMm-sQSus4DoAQ&ved=0CDwQ9QEwAg)  **1 IN 10 WATER LEAK ADJUSTME**[**NT APPLICA**](http://www.google.com/imgres?imgurl=http://rapidappraisalinc.com/wp-content/uploads/2012/07/East-Lyme-Connecticut-Town-Seal.jpg&imgrefurl=http://rapidappraisalinc.com/east-lyme-connecticut/&h=150&w=180&sz=6&tbnid=66WFII_sgKxgxM:&tbnh=90&tbnw=108&zoom=1&usg=__IFudkg6m0oQ1U5lSUk6NokgU-kQ=&docid=jQs6qLh7vKqycM&sa=X&ei=lYegUqzyFMm-sQSus4DoAQ&ved=0CDwQ9QEwAg)**TION**  **Date of Request**  **Property Owner RESIDENTIAL (over 3 units/meter)/**  **Daytime Phone # MIXED USE/NON-RESIDENTIAL**  **Property Address**  **Email Address**  **Type of Property Mixed Use/Apartments/Commercial/Industrial/**  **Governmental/ Other**  **REASON THE CUSTOMER IS REQUESTING AN ADJUSTMENT \*** |
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| \* Be as detailed as possible as to the reason of the request  Have you provided written proof that the excessive water use has been corrected? (yes/no)  Have you been given an leak adjustment to your water bill over the last 10 years?(yes/no)  Has there been a change of use of the property during the disputed bill period?(yes/no)  Has there been an increase in occupants at the disputed bill address? (yes/no)  **ANY ADDITIONAL INFORMATION (attach additional documentation as needed)** |
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| By signing this application below, I am certifying that all of the information that I have provided is true, that I am the owner of the property and that I have read the Montville Water Department's Bill Dispute Resolution policy.  **Signature Date**  If you have any questions on how to fill out this application, please contact the Water Department at (860) 848-6776. |
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| **STAFF COMMENTS** |
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| **WATER & SEWER COMMISSION DECISION**  **Decision (Approve/Approve w/Modifications/Deny) Chairman Signature Date** |
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| **Reason** |

Printed on 4/18/2017 1 in 10 non-residential application