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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 (up to 3 units/meter)****Daytime Phone #** **Property Address****Email Address****Type of Property Single Family/Multi-family/Duplex****REASON THE CUSTOMER IS REQUESTING AN ADJUSTMENT \*** |
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| \* Be as detailed as possible as to the reason of the requestHave 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**  |
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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 USE** **Decision (Approve/Deny) Staff Member Date** |
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| **Reason** |

 1 in 10 residential application