Bedford City Utilities
1614 L Street, Bedford, IN 47421
(812)275-1626
(812)275-1808 (FAX)

Office use only
CSR: _____
Date: _____
WO # _____

REQUEST FOR SEWER ADJUSTMENT WHEN FILLING POOL

Return the completed application to 1614 L Street, Bedford, IN 47421.

Private swimming pools meeting the requirement of at least 24 inches deep, a surface area of at least 100 square feet, and a permanently equipped re-circulating system shall be eligible for a manual sewer adjustment. An adjustment is allowable for sewer only. One adjustment for one bill per calendar year will be allowed (January 1 – December 31st). The sewer consumption will be adjusted to the prior (6) month historical average. If the customer has not established a six month history, an average will be calculated based on number of occupants at the residence and any historical billing information available

Customer Information

Name on Account: _____ Account #: _____

Home Phone: _____ Other phone: _____

Service address: _____

Mailing address: _____

Date pool filled _____ In-ground pool _____ Above-ground pool _____

PLEASE NOTE: Completion of this form does not guarantee an adjustment will be made to your water bill. Once the review is complete, you will receive notification of results from the Utility Billing Office. This may take up to 10 days of receipt of completed form and documentation.

I certify that the above information is true and correct to the best of my knowledge. I request that Bedford City Utilities process an adjustment credit to my account.

Signature _____ Date _____

For Office Use Only

Authorization to Process Credit:

Billing period _____ to _____ Credit Amount _____

Usage billed _____ Average usage for prior six (6) month historical average _____

Authorized _____ Office Manager