



Laurie D. Miller, Clerk/Treasurer
 Mark W. Eagleson, Town Manager
 1201 N Townline Road
 LaGrange Indiana 46761
 260-463-3241

Application for the Adjustment of Wastewater Charges

Date _____

Customer Name _____

Customer Address _____

Customer Account # _____

This application is for water leaks and should be submitted immediately after the leak is discovered.

A description of the leak and how it was discovered is required, please complete the following:

Location of the leak _____

Description of leak _____

Has the leak been repaired? _____ Date of repair _____

This application is in lieu of my personal appearance before the Adjustment Review Committee. I understand that any adjustment is subject to investigation by town personnel, and is not necessarily guaranteed. I know that I have the option of making a personal appearance before the committee, and have the right to appeal a negative decision by the committee to the LaGrange Town Council.

I further understand that leaks that can be determined that the water in question went down the drains and into the wastewater utility will be denied. Adjustments are only awarded for water that did not get treated by the wastewater utility. Only one leak adjustment per year, per customer is allowed.

 Customer Signature

 Date

Office use only

Gallons to be considered for an adjustment _____

Wastewater Charges _____

General Improvement Charges _____

Total Charges to be considered _____

The Adjustment Committee **approves/denies** the adjustment. Date _____

X _____ X _____ X _____