



Town of Springerville Water/Sewer Department
418 E Main Street Springerville, AZ 85938
Phone (928) 333-2656 Fax (928) 333-5598

ADJUSTMENT REQUEST

Date of Request: _____

I am requesting an adjustment on the utility bill at the following location:

Acct Number: _____

Customer Name: _____

Phone Number: _____

Service Address: _____

Mailing Address: _____

Reason for Adjustment Request:

Customer Signature: _____

I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit. The review process is performed in the order the requests are received and credits issued will be reflected on my utility bill.