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Water Bill Adjustment Form

(Please Print Clearly)

Date of Request: _____ Account Number: _____

Account Name: _____

Account Address: _____ Daytime Phone #: _____

Month(s) and Year Requested for Adjustment: _____

Reason for Adjustment: _____

*** Please include a copy of the repair invoice with this form.**

(FOR OFFICE USE ONLY)	
Water Adjustment Amount:	_____
Wastewater Adjustment Amount:	_____
Total Adjustment Amount:	_____
Disposition of Request:	
Approved _____	Date _____
Denied _____	Date _____
Reason For Denial: _____	



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**APPLICATION FOR WATER/WASTEWATER
ADJUSTMENT AFFIDAVIT**

I, _____, being the contracting party, or an agent, employee representative of the contracting party, for water/sewer service from the City of Webster at _____ desiring to make application for

(Service address)

correction of a water/sewer bill from the City of Webster for water/sewer service furnished to the above property, in compliance with the requirements of the ordinance of the City of Webster and for the purpose of inducing the City of Webster to grant a reduction in the amount of said water/sewer, hereby make the following affidavit:

My name is _____, I reside at _____

Webster, Texas; I am requesting a reduction in the amount of a water/sewer bill from the City of Webster Water Department for water/sewer services furnished to the premises located at the above address. The period in question commencing from _____ to

_____ due to: _____

(Reason for adjustment)

As soon as said defect was discovered, it was repaired on _____

by _____ whose address is _____

Signature of Applicant

Date