



**Town of Ocean Isle Beach
Adjustment Application**

Today's Date: _____

Name: _____

Service Address: _____

Account #: _____

Telephone: _____

Reason for Requesting an Adjustment: _____

****Please attach a copy of the plumbing repair invoice or a copy of the receipt for any parts purchased to repair the leak. An invoice/receipt for repairs must be provided in order to receive an adjustment. ****

Applicant's Signature: _____

*****Below this line office use only*****

Adjust Water Total: _____

Adjust Sewer Total: _____

Other Adjustments: _____

Additional Information: _____

Requested By: _____ Date: _____

This document has been reviewed and approved by:

Acct. Supervisor: _____

Finance Officer: _____