Request for Account Adjustment

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Instructions:

1. Complete this form in its entirety; sign form.
2. Submit application to City by one of the following methods:
   a) In person: to 88184 8th Street, Veneta.
   b) Fax to: (541) 935-1838 Attn: Utility Billing
   c) Mail to: P.O. Box 458, Veneta OR 97487
3. Provide at least one piece of government issued, photo-bearing identification.

Service Address:	Account#:
Mailing Address:	
Name on Account:	
Phone# (s):	

Type of Adjustment: Circle one and provide the applicable information

CHANGE IN MOVE IN DATE	CHANGE IN MOVE OUT DATE	LEAK	
Previously Provided Move In Date	Previously Provided Move Out Date	Date Leak Found	
Correct Move in Date	Correct Move Out Date	Date Leak Repaired **	
Primary Phone#	Primary Phone#	Description/Location of Leak	
Alternate Phone#	Alternate Phone#	Leak Repaired By:	
Employers Name	Employers Name	Name	
Employers Phone#	Employers Phone#	Phone#	

**** Attach copy of repair bill or receipts for necessary parts (for verification purposes only, no reimbursement should be expected)**

By my signature below I/We verify that all the information provided on this form is true and accurate.

Requester's Signature: _____ **Date:** _____

Payment agreement statement (for significant leaks only.)

I/We agree to pay $ _____ **on the** _____ **day of the month to the City of Veneta, beginning** _____ **20____ and each month thereafter until my/our account balance associated with the leak is paid in full.**
I/We understand the City will not provide reminders for the above specified payments and that failure to pay as indicated above could lead to discontinuance of service without further notice.
I/We also understand the payments agreed to above are in addition to the payments required for my/our regular monthly utility bill.

Requester's Signature: _____ **Date:** _____

City Use Only

Fill out adjustment paperwork at: S:\FINANCE DIRECTOR\WATER and SEWER\FORMS