

CITY of ROSSVILLE

founded in 1871

"Come Grow With Us!"

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CITY OF ROSSVILLE ADJUSTMENT OF WATER BILL

Date _____

I, _____, owner/renter of the property at

_____, hereby ask for an adjustment of my water bill for the month of _____, due to a water leak. I have fixed the water leak at the above address on: _____.

I understand that I may apply for 1 adjustment in a 12 month period. I understand that by taking this adjustment I will not qualify for any additional adjustments should another leak occur within the next 12 months, regardless of the size of the leak and amount of water used.

Daytime Phone

Owners/Renters Signature

FOR OFFICE USE ONLY

Total of last year's usage, if applicable _____

Present usage _____ / _____

Average past usage/City average _____ / _____

Consumption Difference/City rate _____ / _____

Amount of adjusted bill _____

Sewer adjustment, if applicable _____

Amount of plumbing bill/receipt _____

I have determined to the best practical methods that there was a leak at the above address and will adjust the bill as approved by City Council.

WATER DEPARTMENT

Acct. # _____

Contacted _____

Billed _____

Memo Noted _____

Owes _____

Applied Credit _____

Credit _____

Notes _____

New Bill Amt. _____

Accepted _____ Declined _____

Comments: _____
