



Water Billing – Finance Department

700 Broad Street
St. Joseph, MI 49085
Phone: 269.983.6324
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Water Bill Adjustment Application

email: water@sjcity.com

To be considered, this application must be completed and returned with supplemental information within two (2) weeks of the receipt of the bill for which the adjustment is be requested. Should an adjust be granted, a credit will be posted to your water account within one (1) week of the filling date.

Account Number: _____ Date: _____

Service Address: _____ Phone Number: _____

Account Holder Name: _____ Email: _____

Date Leak was Discovered: _____

Explain the nature of the leak and the measures taken to eliminate the leak:

Has a leak adjustment been made by the City of St. Joseph Finance Department for this account/service address on any previous occasion? No: _____ Yes: _____, Section 8.10(b) of the Water Department Rules and Regulations, “each metered service shall only be allowed on adjustment during the life of that metered service.”

In accordance with Section 8.10(a)(i) of the Water Department Rules and Regulations, the application must include a copy of a licensed plumber’s itemized paid receipt which fully documents that the leak has been identified and repaired.

Plumber or Plumbing Company responsible for repair: _____

Plumber Mailing Address: _____

Plumber Phone Number: _____

Date of Repair: _____

Signature of Account Holder: _____ Date: _____

Office Use: Cycle: _____

Average Usage: _____ Current Usage: _____ Adjusted Usage: _____

Adjustments: _____ Sewer \$: _____ Water \$: _____ Other \$: _____