

**CITY OF HARRISONBURG**  
**ADJUSTMENT REQUEST- UTILITIES**  
 2155 Beery Rd  
 Harrisonburg, VA 22801  
 540-434-9959  
 540-434-9769 fax  
[Waterservice@harrisonburgva.gov](mailto:Waterservice@harrisonburgva.gov)



**\*\* FOR OFFICE USE ONLY\*\***

CID#: \_\_\_\_\_  
 UTILITY ACCOUNT#: \_\_\_\_\_

The City of Harrisonburg water and sewer adjustment process intent under City Ordinance 7-4-9 is to provide some monetary relief as a courtesy to persons who have experienced a leak or excessive consumption and who qualify for an adjustment. It is available **once in a thirty-six (36) month period** for a specific address, an event shall not extend greater than three (3) months and must be greater than 5,000 gallons the typical or average consumption on < 2" meters; meters ≥2" will be based on average consumption, otherwise subject to compliance under City Ordinance 7-2-16. An adjustment request must be submitted within six (6) months of the occurrence in question. A leak on the customer's side of the meter to the house including plumbing inside of the house is considered a private matter and is the responsibility of the property owner to repair.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Check one:       OWNER       TENANT       LANDLORD

CAUSE OF LEAK: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

(If necessary continue on additional sheet)

DATE LEAK FOUND: \_\_\_\_\_ DATE LEAK REPAIRED: \_\_\_\_\_

- \*\*Attach a copy of repair invoices or receipts
- \*\*Attach a letter of explanation if repairs made by yourself, with receipts, etc.
- \*\*\* You may scan and email all info to: [WaterService@harrisonburgva.gov](mailto:WaterService@harrisonburgva.gov)

I acknowledge that the information given above is true and correct to the best of my knowledge. I have read and understand the City's Adjustment Ordinance 7-4-9. Understanding that I am not eligible for another adjustment until thirty-six (36) months from granting of this credit, I still wish to make this application for credit.  
**Please note that you will always be responsible for paying your monthly bill, late fees are not adjusted.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**\*To be completed by City of Harrisonburg staff only\***

Read Date	Bill Number	Excess Consumption	Typical / Avg Consumption	Meter Size	Units	City / Rural	Eligible	Completed	Acct Noted

If not eligible, Why? \_\_\_\_\_

Was the sewer impacted? YES or NO    Reviewed for eligibility by: \_\_\_\_\_ Date: \_\_\_\_\_