

SEWER ADJUSTMENT FORM
(MURFREESBORO WATER ONLY)
CONSOLIDATED UTILITY DISTRICT

Account Number: _____ Customer Number: _____

Name: _____ Cycle #: _____

Service Address: _____

Date Filled: _____ Gallons Used: _____

Any customer, residential or commercial, is eligible for a one (1) time pool adjustment per year.
The adjustment will be made after the bill reflecting the pool usage has been billed.
The adjustment will only be made on the sewer portion of your bill, not the water portion.

DO NOT WRITE BELOW THIS LINE

Approved for adjustment _____
(Consolidated Utility District Employee)

Date: _____