



City of Ashland

Water Distribution / Sanitation
 206 Claremont Avenue
 Ashland, OH 44805

PHONE: 419-289-8322

FAX: 419-281-9135

WATER - SEWER - SANITATION

CREDIT / REFUND AUTHORIZATION

Name _____ Account # _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

I am requesting a credit / refund to the above account for the reason (s) listed below:

- Property Unoccupied Date (s) - _____ through _____
- * Multiple Properties Unoccupied * Complete and include Part B for multiple vacancies
- Other (please enter explanation for request below)

Signature _____ Date _____

I hereby certify that the information above is, to the best of my knowledge, accurate and complete. I understand that account adjustments are subject to verification by the City of Ashland, Water and Sanitation Division, and the City of Ashland, Department of Finance.

↓ **For Office Use Only** ↓

Authorization # 1 _____

	CREDIT	REFUND
Water		
Sewer		
Sanitation		
Turn Off/On		
Storm Water		
Other		
TOTAL		

<input type="checkbox"/> Meter Overestimated	<input type="checkbox"/> Penalty Waived
<input type="checkbox"/> Meter Misread Meter Reader _____	
<input type="checkbox"/> Billed to Wrong Account	<input type="checkbox"/> Other - (attach Part B)
Corrected to Account # _____ - _____ - _____	

Adjusted by _____
 (Account Clerk)

Reviewed by _____
 (Utility Accounts Supervisor)

Date entered _____

Authorized by _____
 (Director of Water and Sanitation)

Internal Adjustment (customer signature not required)