



TOWN OF MICRO
PO Box 9
450 US Highway 301 N
Micro NC 27555
919-284-2572

UTILITY BILL ADJUSTMENT REQUEST

Date: _____

Name: _____

Street Address: _____

Cell/Mobile Number: _____ Other: _____

Account # _____

Please describe the problem:

Has the problem been repaired? If so, by whom?

I am requesting an adjustment on the sewer charges of my utility bill from the Town of Micro. Before considering an adjustment request, proof that the problem has been repaired is required in either a receipt or a plumber invoice, describing the issue and completed repair. All adjustment requests will be submitted to the Board of Commissioners on a weekly basis for the approval. I further understand that the decision of the Board of Commissioners is final. If approved, the method to calculate an adjustment will be as follows:

- The average usage is computed by averaging six months' usage prior to the leak.
- The sewer consumption is adjusted down to the average usage.
- Customer pays for adjusted sewer usage at applicable rate.

Note: Customers may receive only one adjustment in any six-month period.

Signature of Applicant: _____ Date: _____