



CITY OF SALUDA

NORTH CAROLINA

Annual Adjustment Request

Date _____

I, _____, am requesting the City of Saluda to apply an annual one-time adjustment to my most recent bill. Due to _____, my water usage was significantly higher. I am aware that by requesting this adjustment now I forfeit the right to another adjustment for the period of 12 months. My next available adjustment will be _____ (12 months from submission).

Please attach a copy of invoice or letter as proof the water leak has been remedied.

Signature _____

Service Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Official Use Only Request Received By _____ Date _____ Request Approved By _____ Date _____
