



REQUEST FOR BILL ADJUSTMENT

Town of Chapin Utilities (TCU) customers may complete and submit this form in order to request a bill adjustment. Completed forms can be printed and returned in person, faxed to **803-345-0427**, or mailed to Town of Chapin Utilities, 157 NW Columbia Ave., Chapin, SC 29036.

Customer Name: _____ Account No.: _____

Service Address: _____

Primary Telephone No.: _____ Secondary Telephone No.: _____

Social Security No. _____ - _____ - _____ or Employer Identification No. _____

Date of Request: _____ Date of Repair: _____

Indicate the billing month, as shown on the bill, for the requested adjustment : _____

- If the request is due to a leak, proof of repair must be provided in order to receive a leak adjustment. If no proof is provided then an adjustment cannot be granted.
- No adjustment will be given on any bill older than the past two billing cycles.
- No adjustments will be given on irrigation meters.
- I understand that only one adjustment per twelve month period will be granted

Brief Description of Request:

Signature:

FOR OFFICE USE ONLY:

Name of Personnel Making Adjustment:

Amount of Adjustment: _____

Approved By: _____

Date of Approval:

Reason Adjustment was Denied: _____

