

**TOWN OF GORDONSVILLE**

112 S. Main St., Gordonsville, VA 22942

Phone: (540) 832-2233 Fax: (540) 832-2449

www.townofgordonsville.org



Account # \_\_\_\_\_  
Work Order # \_\_\_\_\_  
Service Location # \_\_\_\_\_

**Water Adjustment Request**

**IMPORTANT:** There is a 3 month processing period for all adjustments to allow the Town to verify that all leaks have been repaired. To qualify for an adjustment, any overage must be more than twice the monthly usage based on the previous three months water usage. *Water adjustments shall be limited to the cost incurred by the Town.* Town code allows only ONE adjustment in a 12 month time period. Additional sewer exoneration may be given by Rapidan Service Authority as per their guidelines, through the Town of Gordonsville billing cycle.

To request a payment plan, separate paperwork must be completed and returned with this form to the Treasurer’s Office 10 days before the cutoff date for the water service.

<b>Date of Request:</b> ____/____/____	<b>Service Address:</b>
<b>Applicant Name:</b>	<b>Mailing Address</b> (if different)
<b>Phone Number:</b>	H) _____ C) _____ W) _____
<b>Email Address:</b>	

Date of Leak: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Leak Repair \_\_\_\_/\_\_\_\_/\_\_\_\_

Leak Repaired By: \_\_\_\_\_

I have attached a copy of repair bill, invoice for materials or other documentation to support the repair.  Yes  No

If no, explain: \_\_\_\_\_

Where was the leak located: \_\_\_\_\_ Inside \_\_\_\_\_ Outside

Where did the excess water go: \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_ Don't Know

Please give any other details pertaining to this request: \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**---OFFICE USE ONLY---**

DATE REQUEST RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIVED BY \_\_\_\_\_

PMT PLAN  IN UT10/4  YES

REMOVE PMT PLAN  IN UT10/4  YES

DATE FORWARDED TO RSA \_\_\_\_/\_\_\_\_/\_\_\_\_

RSA APPROVAL DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADJUSTMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADJUSTMENT AMOUNT \$ \_\_\_\_\_

DATE ENTERED \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED BY \_\_\_\_\_