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.

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

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 _____**

DATE FORWARDED TO RSA ____/_____/_____ **RSA APPROVAL DATE** ____/_____/_____

ADJUSTMENT DATE ____/_____/_____ **ADJUSTMENT AMOUNT $_____**

DATE ENTERED ____/_____/_____ **ENTERED BY _____**