



Development Resource Center
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Interim Executive Director Mike Patrick

SEWER FEE VARIANCE REQUEST FORM

(NOT APPLICABLE TO SPRINKLER SYSTEMS OR POOLS)

WATER COMPANY: _____
ACCOUNT NUMBER: _____
SERVICE LOCATION: _____
OWNER: _____
TENANT: _____
DATE OF REPAIR: _____

THIS IS TO CERTIFY THAT THE PLUMBING AT THE ABOVE ADDRESS HAS BEEN REPAIRED AND THE PLUMBING IS NOW FREE OF LEAKS. THESE LEAKS WERE LARGE ENOUGH TO CAUSE AN INCREASE OF AT LEAST 50% IN THE SEWER BILL. DESCRIBE THE EVENTS LEADING TO THE INCREASED BILL AND THE REPAIRS MADE (SPECIFY LOCATION OF LEAK/REPAIR AND COMPANY PERFORMING THE REPAIR AND WHETHER THE WATER ENTERED THE SEWER SYSTEM OR NOT):

PLEASE ATTACH THE FOLLOWING:

- A COPY OF THE BILL(S) FOR WHICH THE ADJUSTMENT IS BEING REQUESTED
- 12 MONTH HISTORY OF SEWER ACCOUNT
- PROOF OF REPAIR (INVOICE FROM PLUMBER, RECEIPT FOR PARTS PURCHASED, ETC.)

IN SIGNING THIS REQUEST FORM, I MAKE AN OATH THAT THE ABOVE IS TRUE IN FACT AND SUBSTANCE.

SIGNATURE OF ACCOUNT HOLDER: _____
BUSINESS NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER/EMAIL ADDRESS: _____
BILLING ADJUSTMENT RULES:

SECTION VI: FEES, PARAGRAPH D: BILLING ADJUSTMENTS
(<http://www.hamiltontn.gov/wwta/pdf/SewerUseRulesRegs.pdf>)