

**APPLICATION FOR WATER/SEWER BILL ADJUSTMENT  
WEST BRANCH TOWNSHIP, OGEMAW COUNTY, MICHIGAN**

Date \_\_\_\_\_ Application # \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_



Billing Date \_\_\_\_\_ Bill Due Date \_\_\_\_\_

Amount Due \_\_\_\_\_

State the reason (if any) for higher than normal consumption: (include a copy of the bill)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State how the problem has been or will be corrected: (include dates, times, receipts for services, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

TOWNSHIP BOARD REVIEW: (MEETING DATE & TIME) \_\_\_\_\_ @ \_\_\_\_\_ AM or PM

DATE APPROVED or DENIED: \_\_\_\_\_ AMOUNT OF ADJUSTMENT: \_\_\_\_\_

\_\_\_\_ APPLICATION APPROVED AS PER DATA SUBMITTED

\_\_\_\_ APPLICATION APPROVED WITH ATTACHED STIPULATIONS

TOWNSHIP OFFICIAL SIGNATURE: \_\_\_\_\_

