CITY OF REEDS SPRING
Utility (water/sewer) Bill Adjustment Request

To: Reeds Spring City Hall
P.O. Box 171
Reeds Spring, MO 65737
utilityclerk@reedsspring.org

Date of Request: _____ Account #_____

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Please specifically describe in detail why you are seeking an adjustment from the Board of Aldermen for your water/sewer bill.

_____

_____

_____

_____

Date of Water Bill in question: _____ Amount: $_____

Is your water bill paid up to date? Yes _____ No _____

Is your water currently shut off for non-payment? Yes _____ No _____

_____ _____ _____
Signature Date Print Name

Office Use Only

_____ _____ Amount: $_____
Approved By Date