



## SEWER AVERAGE ADJUSTMENT FORM

**INSTRUCTIONS:** Complete this form, clearly stating the reason for the sewer average adjustment request. Please include all contact information, and attach appropriate documentation. An adjustment shall only be considered for consumption above average use. Additional sheets may be added. Failure to provide all information and fully substantiate your request will result in the request being denied. **Filing a request for an adjustment shall not imply approval by the City;** all requests shall be investigated before a decision is rendered. Please deliver all documents to:

**City Clerk/Treasurer**  
**PO Box 1902/12 Cherry Street**  
**Colstrip, MT 59323**  
**Phone: 406-748-2300; Fax: (406) 748-2303;**  
**Email: [cityclerk@cityofcolstrip.com](mailto:cityclerk@cityofcolstrip.com)**

### CUSTOMER INFORMATION

(please print clearly)

**Full Name:**

**Email Address:**

**Mailing Address:**

**City, State & Zip:**

**Daytime Phone Number:**

**Alternate Phone Number:**

**Service Address of Leak:**

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**Account Number:**

**Date Leak Was Repaired:**

The undersigned hereby requests an adjustment to the monthly sewer average charge from the City of Colstrip, Montana, for the following reason(s): (please include a statement indicating the exact location of the leak on the property, what pipes or fixtures needed repair, how long they were leaking, date leak was identified and repaired, who repaired the leak, etc. Attach additional sheets and documentation if necessary).

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By signing below, I acknowledge and certify that the above-provided information is true and correct to the best of my knowledge and belief. I also certify that the water from the leak did not enter the city's wastewater system.

**Requestor's Signature**

**Date mm/dd/yyyy**

**A leak adjustment shall only be considered for consumptions above average use.**

**Customers shall remain responsible for paying their bill while the adjustment is being reviewed, and until final determination is made.**