

Sunman Utilities Bill Adjustment Application

Civil Town of Sunman
Sunman Utilities
604 North Meridian Street
Sunman, IN 47041
812-623-2066

Office Use Only	
Service Address: _____	
Name: _____	Received Stamp
Owner: _____	
Account #: _____	Book #: _____

PLEASE PRINT

Name: _____ Date: _____

Description of Leak: _____

Only one (1) wastewater adjustment is allowed per residence, and two (2) per commercial property in one calendar year. Additional adjustment requests must be brought to the Town Council. The leak must be inspected by a Utility Department representative and approved by the Utility Superintendent. Appeals to his decision must be brought to the Town Council in writing.

Signature: _____ Date: _____

Utility Superintendent	
Inspected By: _____	Date: _____
Approved: ____	Denied: ____
Reason Denied: _____	

Utility Superintendent Signature: _____	Date: _____

Clerk-Treasurer			
Total Wastewater Charge	\$ _____	Average WW Usage:	\$ _____
Total Water Charge	\$ _____	Average Water Usage:	\$ _____
Total Tax Charge	\$ _____	Total Tax Due	\$ _____
Total Adjusted:	\$ _____	To Council for approval on:	_____
Clerk-Treasurer Signature: _____		Date: _____	

Sunman Utilities Bill Adjustment Application