



Village of Pemberville

115 Main Street, P.O. Box 109

Pemberville, OH 43450

Phone: (419) 287-3832 Website: www.pemberville.org Fax: (419)287-3738

REQUEST FOR SEWER ADJUSTMENT

Owner Name _____ Service Address _____

Account Number _____ Phone _____ (MUST be provided)

I (owner/renter) _____ request a sewer adjustment for the following reason:

****PLEASE NOTE – NOT ALL LEAKS WILL QUALIFY FOR A SEWER ADJUSTMENT. PLEASE CONTACT
CLERK WITH ANY QUESTIONS****

Adjustments are only available ONCE per 12-months.

Date leak discovered _____ Date of repair _____

Location and Explanation _____

Customer Signature: _____ Date: _____

For Office Use Only

Date Approved _____ BPA President _____

BPA Member _____

BPA Member _____

Disapproved _____ Reason _____
