



# REQUEST FOR ADJUSTMENT OF WATER BILL



Name:				
	<i>First Name</i>		<i>Middle Name</i>	<i>Last Name</i>
Cedula No.				
Telephone No.		Lot No.		
Meter No.				
Water Usage Month:		Amount Paid:		
Comments / Justification:				
Signature		Date		
Exclusive use of the ASADA Office				
<input type="checkbox"/>	Meter Reading Verified	<input type="checkbox"/>	Meter Functioning Correctly	
Other:				

Amount Water Used:			Date	
Adjusted Amount:			M3 used	
			M3 adjusted	
Credit (if any):			M3 to pay	
DECISION by the ASADA Board	<input type="checkbox"/>	Credit approved	<input type="checkbox"/>	Credit not approved
Justification:				
Signature of ASADA Representative		Date		