



City of Lancaster  
**UTILITIES COLLECTION OFFICE**  
 104 E. Main Street, PO Box 1099  
 Lancaster, OH 43130

Phone: 740-687-6627

[utilities@ci.lancaster.oh.us](mailto:utilities@ci.lancaster.oh.us)

Lobby Hours

(7:30 a.m.-3:55 p.m.)

(8:00 a.m.-3:55 p.m.)

### **Request for Sewer Adjustment**

Per City of Lancaster, Utilities Collection Office General Rules & Regulations, when a water leak occurs and does not enter the sewer system (outside faucet leak, leak in a basement with no drains or crawl space) an adjustment may be given for sewer usage in excess of the normal consumption. The customer must complete this form or provide a letter stating where and when the leak occurred and any documentation that supports their statement.

*I understand the following: 1.) An adjustment shall "not" be granted if I am already receiving the summer sewer average during the billing months of May thru October; 2.) An adjustment shall "not" be granted if the leak is in a bathtub, toilet, sink or basement with drain; 3.) The City shall conduct an investigation, at the service location, to determine where the leak occurred and assure the leak has been properly repaired; 4.) There is a limit of one (1) sewer adjustment within twelve consecutive months; 5.) Should our office observe a pattern of sewer adjustments under the same account/account holder, the account holder will no longer qualify for future adjustments as long as the account remains under that same name.*

Account Holder's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

Mailing Address (if different from service address): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Leak Occurred: \_\_\_/\_\_\_/\_\_\_ Have repairs been made? Yes / No Date of repair(s): \_\_\_/\_\_\_/\_\_\_

Explanation of Leak (be specific as to where leak occurred, where water went, list any property damage, attach supporting documentation, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Repairs must be completed in order to receive adjustment.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b> Date Received: ___/___/___, <input type="checkbox"/> Scanned to Account by City Representative: _____	
Already Inspected by Technician? Yes / No	Reviewed for Leak/Adjustment Pattern? Yes / No
Approved/Processed Adjustment ___/___/___	Disapproved/Reviewed with Supervisor ___/___/___
Changes made by: _____	Notified Customer: ___/___/___ Initials: _____