



## **Sewer Adjustment Request**

If you have experienced a leak on your property and it has impacted your utility bill, please complete the attached Sewer Adjustment Request Form. After you have repaired the leak, please provide the following information to document your repairs and cost.

- A completed Sewer Adjustment Request Form
- A copy of your plumber's bill/letter from the homeowner showing they repaired the leak
- All receipts for materials

Customers are limited to one leak adjustment every 2 years, with a maximum adjustment amount of \$50 per adjustment. The Water Works and Sewer Board of the City of Prichard encourages its customers to be conscientious in maintaining their residential and commercial plumbing fixtures. The responsibility of repairing and replacing defective plumbing on private property is the sole responsibility of the owner.

- Submit all required documents in person to:  
Prichard Water Works & Sewer Board  
125 E Clark Ave  
Prichard, AL 366 10
- Adjustment shall not be considered for disputed bills that are over six months old.
- Your account must remain current during the review process.

Please feel free to contact The Water Works and Sewer Board of the City of Prichard at (251)457-3396 if you have any questions.



## **Sewer Adjustment Request Form**

*\*This form must be completed, in its entirety, for PWW&SB to consider your request \**

**Date:** \_\_\_\_\_

**Customer Name :** \_\_\_\_\_

**Account No** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Type Of Leak:** \_\_\_\_\_

**Date Leak Occurred:** \_\_\_\_\_

**Date of Leak Repair:** \_\_\_\_\_

### **Required Documentation**

Copy of repair invoices/receipts attached (from repairs done professionally or by owner/tenant): Brief Yes No

Description of leak and action taken to repair:

**Please return this form and all documentation, in person, to the location below:**

Prichard Water Works & Sewer Board  
125 E Clark Ave  
Prichard, AL 36610

- ☐ By checking this box, you are acknowledging that you understand that this form is not a guarantee that a credit will be applied to your account. You will be notified, by phone, if the request can or cannot be granted, or if additional information is needed. By submitting this form and all required documentation, you certify that all information is true and correct to the best of your knowledge.

**- Please continue to make payments on your account, during the review process, to keep it current-**

**Customer Signature:** \_\_\_\_\_

**Clerk Signature:** \_\_\_\_\_

*Office use only:* Payment Agreement: Yes No Date Completed: \_\_\_\_\_

Completed By: \_\_\_\_\_

Phone (251) 457-3396  
Facsimile (251) 456-8045

[www.prichardwater.com](http://www.prichardwater.com)

125 E. Clark Avenue • Post Office Box 10455  
Prichard, Alabama 36610