

CITY OF GEORGETOWN  
VERMILION COUNTY  
208 South Walnut Street  
GEORGETOWN, ILLINOIS 61846

Water Bill Review Form

**Adjustment Policy: Adjustments may be made on the sewer portion of the bill only; no adjustments will be made on the water. Water/Sewer bill must be current. Proof must be shown of leak repair (plumber's receipt, receipt for repair parts). Bill must be at least three (3) times normal bill figured on a six month average. Adjustments will be computed by the current manufacture cost for water. Only one (1) adjustment will be made within a two year period. Complainant is responsible for full payment of the bill before the due date or normal penalties will apply.**

Date: \_\_\_\_\_ Account: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Reason for Complaint: \_\_\_\_\_

\_\_\_\_\_  
*(please use back of form, if needed)*

Billed Dollar Amount: \_\_\_\_\_ Disputed Consumption Amount: \_\_\_\_\_

Net Due Date: \_\_\_\_\_ Bill Usage Dates To: \_\_\_\_\_ From: \_\_\_\_\_

Is disputed amount at least triple your normal bill? Yes No

Has Georgetown Waterworks checked the meter for signs of a leak? Yes No Unsure

Has a LICENSED plumber inspected for leaks or fixed a recent plumbing problem? Yes No

Number of people who reside in the residence (full and part time): \_\_\_\_\_

Do you have any of the following? *(please circle)*

*Dishwasher  
Waterbed*

*Clothes Washer  
Water Softener*

*Outside Faucet  
Hot Tub/Whirlpool*

*Pool*

Number of bathrooms (full and half) in the residence: \_\_\_\_\_

**I agree that I have read the Adjustment Policy above and that I will abide by the decision made by the Water Committee.**

\_\_\_\_\_  
Customer Signature