



TOWN OF SHREWSBURY

Richard D. Carney Municipal Office Building
100 Maple Avenue
Shrewsbury, Massachusetts 01545-5338

No. 2019 - ____

BILLING ADJUSTMENT REQUEST/APPROVAL FORM

Location / Service Address: _____

Owner/Requestor Name: _____

Owner/Request Contact Phone#: _____

Owner/Request Contact Email: _____

Date of Initial Request: _____

Reason for Adjustment:

FLUSHING

OTHER:

FOR POOL FILLING SEWER ADJUSTMENTS

Please attach/provide supporting documentation from the vendor, such as receipt/invoice, showing reason for adjustment.

Pool Size (Gallons): _____

Pool Size (Dimensions): _____

DATE(S) OF FILL: _____

Please check one:

NEW INSTALL

REFILL DUE TO DAMAGE

Amount / (Gallons) Requested: _____