



## TOWN OF SHREWSBURY

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

### 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:** \_\_\_\_\_