

Town of Borden

129 WEST STREET P.O. BOX 125 BORDEN, INDIANA 47106
PHONE: 812-404-2020 E-MAIL: townhall@bordenindiana.com

APPLICATION FOR SEWER ADJUSTMENT

Customer Name: _____ Sewer Account # _____

Address: _____ Phone: _____

The Town of Borden provides a sewer adjustment for Borden Sewer customers that may have experienced exceptionally high-water usage due to a water leak. To be eligible for this adjustment, the customer must demonstrate that the excessive usage did not enter Borden's sewage system. Typical eligible adjustments might be for, but are not necessarily limited to, the following reasons:

- 1 – Leaks in the water service line, yard hydrant, or in/under the house. Typically, this excessive water usage can be deleted by adjusting the sewer bill to the average three months usage before the leak occurred. Providing the excess water didn't enter Town's sewer system, all of leakage can be adjusted from the bill. If the leakage did enter the sewer system, such as leaks from commodes, dripping lavatories, sinks, etc., only fifty percent of the excessive usage will be adjusted from the bill.
- 2 – Adjustments for the filling of a swimming pool will be granted once per calendar year. This adjustment will also be determined by calculating the previous three-month average usage.
As of January 2013, Borden sewer customers will be allowed only one sewer adjustment per calendar year for pool fills.
- 3 – Adjustments for billing errors that were not the fault of the customer.
- 4 – Adjustments for extenuating circumstances may be considered for other reasons, based on the discretion of the Borden Town Council.

This form must be completed and returned to the Borden Town Hall at least seven (7) days before the regular monthly meeting of the Borden Town Council. Incomplete applications will not be considered. The amount of adjustments is typically based on the average of the previous three (3) months water usage. Questions pertaining to the adjustment may be directed to the Borden Town Hall at 812-404-2020.

Reason for Requesting Adjustment: (Please provide specific & complete information):

Applicant Signature: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY TOWN REPRESENTATIVE

App. Received By _____ Date _____ Ave 3 mth usage _____

Adjustment amount: (Gallons) _____, (Dollars) \$ _____, Adjusted Bal. _____

Adjustment Approved / Denied: (Date) _____