

DATE _____
CITY OF GRAFTON CHANGE OF ADDRESS

NAME OF TENANT

PHONE NUMBER

ACCOUNT NUMBER

OLD ADDRESS:

NEW ADDRESS:

SIGNATURE _____

DATE _____
CITY OF GRAFTON CHANGE OF ADDRESS

NAME OF TENANT

PHONE NUMBER

ACCOUNT NUMBER

OLD ADDRESS:

NEW ADDRESS:

SIGNATURE _____

City of Grafton

FINANCE OFFICE

1 W Main St

GRAFTON, WV 26354

304.265-0583

I, _____, request my name to be removed from the
account listed at _____ effective this _____ day
of _____ 20____. I understand that by signing this:

- 1. I am responsible for all charges on this account up to this day.***
- 2. I can no longer have access to any and all account information after the date removed.***

Signature: _____ Date: _____

City of Grafton

FINANCE OFFICE
1 W Main St
GRAFTON, WV 26354
304.265-0583

I, _____, request to remove

_____ from the account listed at

_____ effective

this ____ day of _____ 20____. I understand that by signing

this:

- 1. I am solely responsible for all charges on this account.***
- 2. The person being removed from the account can no longer have access to any and all account information after the date removed.***

Signature: _____ Date: _____

CITY OF GRAFTON
1 West Main Street, Grafton, WV 26354

REQUEST FOR ADJUSTMENT

WATER: _____ SEWER: _____ ACCOUNT NO: _____

CUSTOMER NAME: _____ Date: _____

ADDRESS: _____ Phone: _____

REASON FOR ADJUSTMENT: _____

SIGNATURE: _____

FOR CITY OF GRAFTON USE ONLY

BILLING PERIOD OF ABOVE INCIDENT(S): _____

COMMENTS _____

	WATER -----	SEWER -----
NUMBER GALLONS USED	_____	_____
BILL FOR PERIOD:	_____	_____
AVERAGE USAGE	_____	_____
AVERAGE BILLING	_____	_____

ADJUSTMENT APPROVED (YES/NO): _____

APPROVED: _____
DIRECTOR OF FINANCE