

ADJUSTMENT REQUEST

- Only <u>ONE</u> adjustment request will be granted during a consecutive twelve-month period.
- The adjustment request must be submitted within 90 days of the discovery of the issue.
- No action will be taken to process the adjustment request until all information is completed and received by the City of Myrtle Beach Utility Billing Division.

Please allow 1-3 weeks for processing. If the adjustment is approved, the adjustment will be reflected on your next monthly billing statement. You can also check the status of your request by contacting a customer service representative.

Name:	Account #:
Service Address:	Phone #:
Email Address:	Location of Leak:
Discovery Date of Leak:	Date of Repair:
Repair was made by: Plumber (Invoice MUS	<u>T</u> be attached to request)
Self or Relative (Recei	pt/Proof of Repair <u>MUST</u> be attached to request)
Other (Proof of Repair	MUST be attached to request)
Please explain the nature/type of leak and describe the repair that was made:	
Signature:	Date:
Nail Form To:	Drop Form Off At:
ity of Myrtle Beach	Utility Billing Division
ttn: Utility Billing Division	921 North Oak Street
O Box 2468	Myrtle Beach, SC 29578
Nyrtle Beach, SC 29578	843-918-1212
	Email Form To: mbutilpay@cityofmyrtlebeach.com



WHAT QUALIFIES FOR AN ADJUSTMENT?

What MAY qualify for an adjustment?

- Service Line Leak
- Leaks in wall, under building or slab
- Swimming pool fill (One adjustment per 12 month period / Sewer portion only)
- Hot tub / Sauna fills
- Toilet Leaks

What will **NOT** qualify for an adjustment?

- Power/Pressure Washing
- Watering garden or lawn or shrubbery
- Ruptured hoses
- Hoses left running
- Unauthorized usage such as nearby construction or neighbor
- This list is not all inclusive, other non-qualifiers may exist