Fee Adjustment Application

Customer Name: ____________ Date: ____________
Service Address: ____________ Account Number: _______________
Phone: ___________________

Guidelines & Instructions

• This form is not a guarantee that a credit will be applied to your utility bill.
• You will be notified by phone or letter if additional information is needed.
• Request must be received within 90 days of the billing due date.
• Accounts must be paid in full in order to be considered for an adjustment and to avoid disruptions of service.
• Customers will be notified of the decision in writing within 30 working days of receipt of the application.
• If the adjustment request is approved, a credit will be applied to your next bill.
Please Note: Adjustments for leak, sod, or pool require a different application.

Description of Request:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

CUSTOMER RESPONSIBILITY:
By signing this request, you certify and understand the terms and conditions of the Montgomery County Environmental Services Fee Adjustment Policy. I understand the decision of Montgomery County Environmental Services is final and nonnegotiable and cannot be appealed. I understand that Montgomery County and I will adhere to the decision.

__________________________________________ Date
Signature of applicant

Please return the completed form to:
Montgomery County Environmental Services
Attn: Customer Service Department
1850 Spaulding Road
Kettering, Ohio 45432-3732
Phone 937-781-2688

FOR OFFICE USE ONLY:
(Circle) Approved or Denied

(if approved) Amount of Adjustment: $___________
Reason: _______________________________________
Approved by: ___________________ Date: ___________
Processed by: ___________________ Date: ___________