



# TOWN OF LILLINGTON UTILITY BILL ADJUSTMENT REQUEST

Finance Department  
106 West Front Street, PO Box 296 Lillington NC 27546  
• phone 910-893-2654 • fax 910-893-3693  
lillingtonnc.org

### OFFICIAL USE ONLY

Average Monthly Sewer Charge	_____
High Monthly Sewer Charge	_____
Recommended Adjustment	_____
Proof of Correction	<input type="checkbox"/> (Provided)
Swimming Pool	<input type="checkbox"/>
Manager Approval	Date _____
Town Council Approval	Date _____
Request Denied	Date _____

Name: \_\_\_\_\_

Service Address:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the Problem: \_\_\_\_\_  
\_\_\_\_\_

Where did the leaking water go? (N/A for filling swimming pools) \_\_\_\_\_  
\_\_\_\_\_

Has the problem been repaired: If so, by whom? (N/A for filling swimming pools) \_\_\_\_\_  
\_\_\_\_\_

**I am requesting an adjustment on the sewer charges on my utility bill from the Town of Lillington. Before considering an adjustment request, proof that the problem has been fixed is required in either a receipt or a plumber's invoice. The Town Manager is authorized to approve any legitimate request up to \$150.00. Any adjustment request above this amount requires approval of the Board of Commissioners. I understand that their decision is final. I also understand that I am responsible for any amounts remaining on my bill after the Board of Commissioners has heard my request.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date