

# TOWN OF NEWTON GROVE

## Utility Bill Adjustment Request

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**PLEASE RETURN TO**

Town of Newton Grove  
 304 W Weeksdale St  
 PO Box 4  
 Newton Grove, NC 28366

Phone/Fax: 910-594-0827

Date: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Service Address:

\_\_\_\_\_  
 \_\_\_\_\_

Month of Consumption: \_\_\_\_\_

Swimming Pool:  (One adjustment allowed per year)

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

### OFFICE USE ONLY

Average Monthly Consumption	_____	Excess	_____
High Month Consumption	_____	½ =	_____
	Water	Sewer	Trash
Amount of Adjusted Consumption	_____	_____	_____
Bill Amount Before Adjustment	_____	_____	_____
Bill Amount After Adjustment	_____	_____	_____
Amount Adjusted	_____	_____	_____
Request Denied:		Date: _____	