



**Southwest Delaware County Municipal Authority**

Date \_\_\_\_\_ of REQUEST

Southwest Delaware County Municipal Authority  
 One Gamble Lane  
 PO Box 2466  
 Aston, PA 19014

**Ref: Address** \_\_\_\_\_  
**Customer #** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

To The Board of Directors:

I hereby request an adjustment in my sewer bill for (Billing Year) \_\_\_\_\_.

For the following reason:

\_\_\_\_\_ Leak in water service Line (supported by water company note or plumbing report).

\_\_\_\_\_ Change in Occupancy status for Well users only  
 From \_\_\_\_\_ (# of Occupants)  
 To \_\_\_\_\_ (# of Occupants)

\_\_\_\_\_ Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_

**Sincerely;**  
**Name Print:** \_\_\_\_\_

**Name Sign:** \_\_\_\_\_

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

**\*\*\*Please fill out completely and mail back along with the Proof from Water Company and/or Plumber to our office. The Board of Directors meet once a month and will advise if any adjustments will be made.**