



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.**