



# Southwest Delaware County Municipal Authority

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

Customer Name (Print): \_\_\_\_\_

SWDCMA Account #: \_\_\_\_\_

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

Phone Number or Email: \_\_\_\_\_

To The Board of Directors:

I hereby request an adjustment in my sewer bill for the following reason:

\_\_\_\_\_ Leak in water service Line (LETTER FROM WATER COMPANY OR PLUMBER'S REPORT, and PHOTOS, REQUIRED).

\_\_\_\_\_ Change in Occupancy status for Well users only

From \_\_\_\_\_ (# of Occupants)

To \_\_\_\_\_ (# of Occupants)

\_\_\_\_\_ Pool Installation or Pool Repairs (MUST BE ACCOMPANIED BY RECEIPTS)

Dates Filled: \_\_\_\_\_

Pool Size & Shape: \_\_\_\_\_ Length: \_\_\_\_\_

Width: \_\_\_\_\_ Depth: \_\_\_\_\_

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

Customer Signature: \_\_\_\_\_

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

**\*\*\*Please fill out completely and mail back, along with the additional paperwork required, to our office. All adjustments are presented for approval at the monthly Board of Directors meeting.\*\*\***

Mailing Address: P.O. Box 2466 Aston, PA 19014  
Phone 610-494-1335