



Gary Jacobs, Mayor
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 Supervisor

Town of Centerville

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June Horner, City recorder
 Kasey Bates, Office Manager

Adjustment Form

Customer Name _____

Phone Number _____

Address _____

Account Number _____

Date leak was Repaired _____

Reason for Adjustment _____

A leak needs to be over **\$100.00** before it can be considered for an adjustment. **The Town of Centerville does not do adjustments due to a commode leak.**

Please provide receipts for leak repairs.

*****Only allowed one adjustment in a 12-month period*****

Signature _____ Date _____

Bill that Needs Adjustment

Average Bill _____ Invoices/Receipts _____

Amount of Adjustment _____

Need to pay for the current month _____