



## High Volume Water Bill Adjustment Application

City of Austin Code of Ordinance, Section 15-9-142, allows a single-family residential customer to apply for a credit adjustment for an unusually high water bill provided that: the customer has received at least 4 months of water billing, in addition to the disputed period, at the service address; the high water bill usage was greater than or equal to three times the expected volume, the customer has not received an adjustment in the past 2 years, and the customer has submitted this application within 90 days of the high use bill. Please complete all information on this form in its entirety. Any missing information may delay the processing of this application or cause the application to be rejected.

Name (as listed on account): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Billing date(s) of high water bill (as printed on the bill): \_\_\_\_\_

Does this service address have **landscaping that is watered**? (Y/N) \_\_\_\_\_

- If an irrigation system is used, **can you confirm** the system does not have any broken or leaking sprinkler heads, there are no excessive run times, and there is no water run-off? (Y/N) \_\_\_\_\_
- Circle the days the **irrigation system** is set to run: Mon Tue Wed Thu Fri Sat Sun None
- Circle the days landscaping is **watered with a hose**: Mon Tue Wed Thu Fri Sat Sun None

Does this service address have a **pool or spa**? (Y/N) \_\_\_\_\_

During the period covered by the high bill:

- Have you **established a new landscape** (e.g. new sod, new trees, xeriscaping)? (Y/N) \_\_\_\_\_
- Were there any **plumbing repairs**? (Y/N) \_\_\_\_\_ List repairs: \_\_\_\_\_
- Did you **refill your pool** or spa? (Y/N) \_\_\_\_\_
- What was the **number of people residing** at the service address? \_\_\_\_\_

**By signing this application, I understand that the decision by the director of the utility is final, and if eligible, an adjustment will be applied to my account. If I receive an adjustment, I may not request an administrative hearing to further dispute the water usage from the same billing period, as defined in Sec. 15-9-142(J).**

*I am familiar with all the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application contains no false statements.*

Signature of account holder: \_\_\_\_\_

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

**Send the completed, signed form within 90 days of the date of the high water bill: email to [AdjustmentApp@austinenergy.com](mailto:AdjustmentApp@austinenergy.com) or fax to 512-505-4029**

*You will be notified of the adjustment decision generally within 90 days of receipt of this application.*