

City of Highland - Year _____

Sewer Adjustment – Summer Water – Swimming Pool- Water Leak

June 1st – October 1st

Name: _____

Address : _____

Phone: _____

Type of Credit Requested:

Summer Water Swimming Pool ***Water Leak**  **Need Reason**

Reason:

Signature

Date

City of Highland Approval

Approved

Rejected

Comments:

Mayor or Recorder/Treasurer Signature

Date