



CITY OF TIFFIN
SEWER REVENUE
DEPARTMENT
53 E MARKET ST
PO BOX 156
TIFFIN, OH 44883

Office Hours: 8:30 – 4:30
Monday thru Friday
Phone: 419-448-5429
Fax: 419-448-5406
sewerrevenue@tiffinohio.gov

ADJUSTMENT REQUEST FORM

Date _____
Name _____ Account # _____
Phone # _____ Premise # _____
Service Address _____

Reason for Request ___ Water Leak ___ Other _____
(Please attach copies of repair bills and or receipts for proof.)

Explanation _____

(Explanation may be continued on back if necessary)

Customer Signature _____ Date _____
Customer Notification ___ Spoke With _____ Left Message ___ Initials ___
_____ Sent Adjusted Bill Date _____

___ Approved ___ Denied Comments: _____

Signature _____ Date _____