

1201 N Townline Road LaGrange, IN 46761 PH: (260)463-3241 Fax: (260)463-8732

Sewer Adjustment Application

I submit this application to the Town Council of LaGrange, Indiana for the following purpose:

______ Water Leak* _____ Other (please explain below)**

This application is in lieu of my personal appearance before the Town Council. I understand that any adjustment is subject to investigation by town personnel, and is not necessarily guaranteed by the Town Council. I know that I have the option of making a personal appearance before the council.

Name:_______

Address_______
LaGrange, Indiana 46761

*Applications for leaks should be submitted immediately after the leak is discovered

** For "Other" - Please provide a brief description of why you are applying for an adjustment

OFFICE USE ONLY

Account #______

Gallons to be adjusted_______

Sewer Charges \$_______

Total: