

DAVAO CITY WATER DISTRICT
KM 2.5 MC Arthur Highway, Matina Davao City
Tel# (082) 235-3293 local 1116 or 1115

BILLING ADJUSTMENT REQUEST FORM

Date: _____
NAME: _____
ACCOUNT NUMBER: _____
ADDRESS: _____ ZONE&BOOK: _____
READING: _____ SOURCE: _____
LEAK REPAIRED ON: _____ BASED ON MONTHS: _____

REMARKS : _____ COMPUTATION: _____

ATTACHED DOCUMENTS:

- Notarized Authorization Letter/ Special Power of Attorney
- Notarized Board Resolution/ Secretary's Certificate
- Marriage Contract
- Photocopy Valid ID Card (Acct Holder & Representative)
- M.O. and Acknowledgement
- Others (pls specify): _____

Acknowledgement:

I, _____ (Name of Account Holder) under the Account Number _____ hereby acknowledges that the abrupt increase in my billing is due to leakage in my water pipelines and/or fixtures. I do understand that the adjustment on billing which increased due to leakage is given only **ONCE per Board RESOLUTION 296**. Future increases in billing due to leakages shall be borne by the Undersigned. I acknowledge further that repairs on leaking pipelines and fixtures shall be my responsibility and I will not ask for any billing adjustments in the future.

Printed Name Over Signature

Contact Number

Prepared by:

Noted by:

Customer Service Assistant

Division Manager, Customer Care