

City of Frankfort

Sewer Department
1200 Kentucky Avenue
Frankfort, Kentucky 40601
Phone: (502)875-2448 Fax: (502)223-7857

Application for Sewer Bill Adjustment

Please fill out the information below.

Date: _____ Account No.: _____
Name on Account: _____
Home Phone: _____ Cell/Work Phone: _____
Address: _____
Billing Address if different from above: _____

INCOMPLETE APPLICATION WILL DELAY SEWER DEPARTMENT RESPONSE

A written detailed explanation of the circumstances pertaining to the water loss must be attached to the application with an explanation of why this should be considered for a hardship adjustment. Please be as specific as possible. Indicate type of repair made, date of repair, who did repair (homeowner, landlord, name of plumber, name of handyman). ATTACH COPY OF RECEIPT ON REPAIRS MADE AND/OR PARTS PURCHASED TO APPLICATION.

Where did water go? Sewer _____ Ground _____

As per City Ordinance 52.04.A.7, refunds may be made for sewer charges in hardship cases, as determined by the Director of the Sewer Department. A customers bill may be credited based upon the Frankfort Electric and Water Plant Board's determination of water usage.

Please do not write in this area, office use ONLY		
Monthly Ave: _____	High: _____	Adjustment \$ _____
Circle One: Approved or Denied		

Revised: 01/21/06