



Request for Adjustment

Date:

Account #:

Amount Requested: \$

Customer ID:

Owner Name:

Phone Number:

Email:

Service Address:

Mailing Address:

Type of Adjustment:

Reason for Request:

Signature of Owner

Date

Please Note: Qualifying adjustments will be applied to the account within two billing cycles. This form must be fully completed with supporting documentation attached substantiating the justification for the adjustment in order to be considered. Renters do not qualify for any adjustments, only the owner of the property may request an adjustment. Adjustments for late fees must be received within 60-days of the late fee being applied to the account to be considered.

Please return to City Hall at 1134 F St or you may return by mail or e-mailed.
ubinquries@cityoflewiston.org • City of Lewiston • 1134 F St • PO Box 617 • Lewiston ID 83501

For Internal Use Only

Has there been an adjustment in past 12 months

No

Yes

Initials

Date