

**DERRY TOWNSHIP MUNICIPAL AUTHORITY  
ADJUSTMENT REQUEST FORM**

Derry Township Municipal Authority allows for an adjustment of a sanitary sewer bill for sanitary sewer usage because of loss of water through an excusable condition. An excusable condition shall mean a rupture or leakage of the customer's water lines, faulty meter, or other situations where metered water does not enter directly or indirectly into the sanitary sewer as determined by Derry Township Municipal Authority.

<i>Customer Information</i>	
Name on Account: _____	
Service Address: _____	City: _____, Pa    Zip: _____
Customer Number: _____	Daytime Phone No.: _____
Bill Date: _____	

<i>Leak or Other Excusable Condition*</i>	
Begin Date: _____	Repair Date: _____
Description of leak or excusable condition: _____ _____	
Location of leak or excusable condition: _____	
Repair method and by whom: _____ _____	

<i>Pool Adjustment</i>	
Reason for adjustment (Circle):    New Pool    Repaired    Evaporation    Other: _____	
Pool type (Circle):    In-ground    Above-ground	Date of Filling: _____
Pool Volume / Dimensions: Gallons _____	Length _____ Width _____ Depth _____
Meter Readings: Before _____	After _____

\*Attach documentation to verify the excusable condition. Acceptable documents include plumber's statement, receipt for parts, photographs, etc.

In all cases, the Derry Township Municipal Authority retains the right to make field verifications before approving bill adjustments. You will be notified when your request is approved or denied.

***I am asking the Derry Township Municipal Authority to reduce the sewer bill for this account because excess water as a result of the excusable condition did not enter directly or indirectly into the sanitary sewer. I am familiar with all of the facts stated in this document and attachments and they are true and correct. I certify that this application and attached documents contain no false statements.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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