



CITY OF RAPID CITY

Public Works Department

Utility Billing

300 6th Street Rapid City, SD 57701-5035

Telephone: (605) 394-4165

www.rcgov.org

Request for Adjustment to Monthly Sewer Charge

Date of Application: _____

Account Number: _____

Account Holder Name: _____

Service Address: _____

Telephone Number: _____

Reason for Request, please check one:

- Intermittent residential user whose residence is unoccupied during the averaging period.
- Experienced a water leak during the averaging period (proof of repair required).

If approved City Staff will calculate an adjustment to the monthly sewer use charge, using a process determined by the Public Works Director. Alternately, a user may request to use the average of the total monthly usage for the previous calendar year when requesting an adjustment. When granted, adjustments will be applied to future bills; if appropriate, adjustments may also be applied to the previous month's bill but shall not otherwise be applied retroactively.

Signature: _____

Office Use Only:

TYPE OF ADJUSTMENT RECOMMENDED:

NO ADJUSTMENT _____ NEW SEWER CHARGE _____

Date

Initials