



TU: ____ WD: ____

City of Phoenix

Request for Sewer Fee Adjustment

Each year, sewer fees are recalculated based on a percentage of your actual water used during January, February, and March, and become effective each July. Sewer fees include a standard deduction for water used for landscape during those months. This percentage will vary based on weather conditions. Based on the size of the property's landscape area, the sewer fee includes an allocation for trees and shrubs. To be eligible for a Sewer Fee Adjustment, you must have a larger than average landscape area, had a leak(s) repaired, or filled or repaired a pool during January, February, or March.

All requests for Sewer Fee Adjustments must be submitted within 60 days of the July bill.

Requests received after 60 days will not be eligible for a sewer fee adjustment. This form is to be completed each year an adjustment is warranted. We accept requests prior to July, but no rate adjustments will be made for months prior to July. Upon approval of the appeal, the sewer fee will be recalculated and appear on the next bill. Questions should be directed to PHX Customer Services at: cityservicesbill@phoenix.gov.

Account Number(s) _____

Service Address _____

Customer Name _____

Customer Contact Information _____

Home _____

Work _____

Fax _____

Email _____

Billing Address _____

Number of Occupants _____

Number of Units _____

Nature of Business _____

Please Indicate:			Yes	No
Leaks repaired during January, February, or March. NOTE: Please include receipt(s) of materials purchased and/or work completed	____/____/____ Date Repaired			
Pool filled or repaired during January, February, or March. NOTE: Specify number of gallons used to fill pool	____/____/____ Date Filled			
		Gallons Used		
Salt River Project Irrigation				
Landscape Area:				
Please provide total area of lawn, garden, or shrubs watered during January, February, and March in square feet (length x width).				

By signing below, I certify that the information I am providing is true and complete to the best of my knowledge and belief, and that I have fully read and understand the guidelines, terms and conditions listed on any portion of this application. I acknowledge that if any of the above information is found to be inaccurate, this appeal will be denied.

SIGNATURE _____

Date _____

Return the completed form and all necessary attachments to:

E-mail: cityservicesbill@phoenix.gov
Subject: Sewer Fee Adjustment

Fax: (602)534-3695

Postal Mail: City of Phoenix
PHX Customer Services
Sewer Fee Adjustment
305 W Washington St. Ste
200 Phoenix, AZ 85003-2102

For Office Use Only	
_____	_____
_____	_____
Previous	Current