



VILLAGE OF PORT CHESTER
 222 Grace Church Street, Port Chester, NY 10573
 E-mail: SewerRent@PortChesterNY.com
 Phone (914) 939-2200 • Fax (914) 937-3169
www.portchesterny.com
SEWER RENT ADJUSTMENT REQUEST

D A T E	RECEIVED:	
	REFERRED TO STAFF:	REPORT RECOMMENDATION:
	/ /	/ /

In accordance with the provisions of [Section 268-4](#) of the Village Code, I hereby make application to the **Village Manager** requesting an adjustment with regards to the attached sewer rent bill:

To Be Completed by Applicant

PROPERTY OWNER NAME (FIRST M. LAST)			
COMPANY / BUSINESS NAME		TELEPHONE WORK	
ADDRESS		SUITE / APT.	TELEPHONE HOME
CITY	STATE	ZIP CODE	TELEPHONE MOBILE
E-MAIL			FAX
BILL PERIOD FROM: / /		BILL PERIOD TO: / /	
SECTION _____ : _____ BLOCK _____ LOT _____		SUEZ WATER ACCOUNT#:	

PLEASE ATTACH A COPY OF THE SEWER RENT BILL NO MORE THEN 6 MONTHS PERIOD OF USAGE

The grounds of my request for an adjustment are as follows: (✓check appropriate box)

- That the amount of water consumption reflected on the sewer rent bill(s) is not correct. The Village will refer this matter to Suez for their comment prior to taking further action.
- That the fee amount in the attached Sewer Rent Bill should be adjusted because a portion of the water consumed during the period indicated on the attached Sewer Rent Bill was not discharged into the Village Sanitary Sewer System. The form of my proof is as follows:
 - An engineering report from a professional engineer licensed in the State of New York
 - Data from a sub-meter whose operation has been inspected by the Village of Port Chester
 - Affidavit(s)
 - Other documentary evidence please describe below:

3. Other. Please describe below: _____

 _____ **(ALL PROOF MUST BE ATTACHED IN SUPPORT OF THE APPEAL)**

SIGNATURE OF OWNER:	DATE SIGNED / /
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Requests must be made within twelve months following the time period of water consumption.

FOR VILLAGE OF PORT CHESTER USE ONLY

Upon review of the foregoing, the Village Manager of the Village of Port Chester hereby:

- **GRANTS** the application. You will receive an adjustment in the form of a credit on the next bill following this determination. - **DENIES** the application. You have the right to appeal to the Board of Trustees within 15 days of this determination.

SIGNATURE:	DATE SIGNED / /
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