

**ABC WATER AND STORM WATER DISTRICT
STORM WATER UNIT ERU FORM NO. 1-A-1
RESIDENTIAL ERU ADJUSTMENT**

CONTACT NAME:

DATE:

CONTACT PHONE:

EMAIL:

BILLING ACCOUNT NUMBER:

COUNTY PARCEL NUMBER:

TYPE OF RESIDENTIAL UNIT (CHECK APPROPRIATE BOX):

Single Family

Duplex

Condominium

Apartment

Multi-family

Other _____

REASON FOR ERU ADJUSTMENT:

Incorrect billing rate applied

Apartment of multi-family complex is being billed more ERUs than the number of units in complex.

Number of ERUs being billed: _____

Number of Units In complex: _____

Other, explain

APPLICANT'S SIGNATURE:

(DISTRICT USE ONLY) APPLICATION REVIEWED BY:

(DISTRICT USE ONLY) APPLICATION APPROVED:

Yes

No

(DISTRICT USE ONLY) COMMENTS & ADJUSTED VALUE: