



TOWN OF
WALKERSVILLE
 • MARYLAND •



Request for Reduction of Water Bill

Name: _____

Please circle: Owner / Tenant

Name and address of property owner (if different): _____

Property address: _____

Account number: _____

Phone number: _____

Email address: _____

I request that the Town of Walkersville recalculate my water bill to the Industrial Rate and agree to the terms and conditions below:

1. I understand this is a **one-time** request for the duration of my ownership/tenancy of the above-referenced property.
2. I understand that this water bill must be paid in full before the beginning of the next billing cycle or disconnection will occur.
3. I understand that any future interest will be waived for the current billing period.

Signature: _____ Date: _____

Witness (Town staff)*: _____ Date: _____

This section to be completed by Town staff

Eligible?: _____ Date of last meter reading: _____

Approved?: _____ Notes: _____

*Please note: this form must be signed in the presence of a member of Town staff