



## SEWER FEE ADJUSTMENT GUIDELINES

The City of West Branch has developed a sewer fee adjustment system administered by the Utility Review Board. This is part of our continuous effort to promote water conservation, offer educational information and provide technical evaluations to determine the cause of high water and sewer usage to our utility customers, when applicable. The Public Works Department and Clerk's Office will cooperatively assist our customers in completing these evaluations and providing the knowledge on how to prevent high consumption in the future.

The Utility Review board reviews high wastewater claims and approves such based on the following criteria:

- ❖ Upon notification of the high usage bill the resident should have the issue investigated by a licensed plumber.
- ❖ If the account is more than 12 months old, the monthly high usage has to be 50% more than the average usage over the last 12 months; or if the account is less than 12 months, the high usage has to be 50% more than the industry standards;
- ❖ Complete the Utility Review Board application and return to the City Office within 15 days after a leak investigation is performed by the customer's plumber or 30 days after the date of the high bill, whichever occurs first.
- ❖ Provide proof that any malfunctioning plumbing fixture that caused the high usage has been repaired (i.e. repair bill, parts bill which defines items purchased, etc.);
- ❖ Has been awarded monetary relief for the high bill from other sources that equals or exceeds the possible relief amount by the Utility Review Board.
- ❖ One claim per account per address can be submitted over the lifetime of the account.

Wastewater relief **will not** be awarded if any of the following is true:

- ❖ Water that was knowingly used by the customer for watering sod, gardening, filling swimming pools or whirlpools, washing vehicles etc.;
- ❖ Claims that were filed after the deadline(s) explained above;
- ❖ Proof of repair was not submitted;

Calculation methods of approved relief:

- ✓ If the excess water usage **did not flow** into the City's wastewater treatment system:  
Relief = (Excess sewer charges – average sewer usage) X 100%
- ✓ If the excess water usage **did flow** into the City's wastewater treatment system:  
Relief = (Excess sewer charges – average sewer usage) X 50%

Claims for wastewater relief **must** to be submitted by the account holder. Any questions, please call 643-5888.

**REQUEST FOR ADMINISTRATIVE REVIEW  
TO DETERMINE ABATEMENT OF WASTEWATER FEES**

The City of West Branch water account holder may request an administrative review of a high water bill and request abatement of the wastewater portion of the bill by completing this form. **This form must be completed and filed with Deputy Clerk no later than thirty (30) calendar days after the date of the bill in question or fifteen (15) calendar days after a leak investigation/repair, whichever occurs first.** Failure to request a review within this time period waives your opportunity for an administrative review. Claims will not be approved for usage above the customer's average monthly consumption due to watering of sod, gardening, filling swimming pools or whirlpools, washing vehicles, etc. as this describes water services knowingly used by the account holder/user.

**Return completed form to: City of West Branch, Attn: Deputy Clerk, 110 N. Poplar St.  
PO Box 218, West Branch, IA 52358. For questions call (319) 643-5888.**

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TODAY'S DATE: \_\_\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

DATES(S) OF HIGH BILL(S): \_\_\_\_\_

- ◆ Describe the problem that led to the high bill(s) and describe what was done to fix or correct the problem. Proof of repair is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Will you be receiving any monetary assistance from a third party for this high bill? Please list any sources.

\_\_\_\_\_  
\_\_\_\_\_

- ◆ Will or have you submitted a claim with your homeowners' or renters' insurance company? If so, what has been the insurance company's response?

\_\_\_\_\_  
\_\_\_\_\_

- ◆ How many people reside at the service address? Please list the age for each child, if any \_\_\_\_\_

\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Print)

**Phone #:** \_\_\_\_\_

----- OFFICE USE ONLY -----

Appr: Y / N Date: \_\_\_\_\_ Reason \_\_\_\_\_ W S \_\_\_\_\_ % \_\_\_\_\_  
Authorized Representative