

RESOLUTION NO. 63-09

**A RESOLUTION IMPLEMENTING A ONE-TIME SEWER ADJUSTMENT
PROCEDURE IN THE CITY OF DYERSVILLE, IOWA**

WHEREAS, the City Council of the city of Dyersville wish provide a reasonable policy for allowing credit in exceptional cases for sewer charges computed on water.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF DYERSVILLE, IOWA that effective November 1, 2009 the City Clerk or designee shall be authorized to provide adjustments to sewer bills resulting from certain water lost through leaks and pool fills. The following conditions shall be satisfied for adjustments:

SECTION 1. Each customer is allowed a one-time sewer adjustment on their sewer service not to exceed \$800.

- a) This adjustment request must be requested in writing on an Adjustment Request Form.
- b) This adjustment will be calculated on gallons in excess of their previous 12 month average.
- c) Adjustment records will be maintained by the City Clerk or designee.

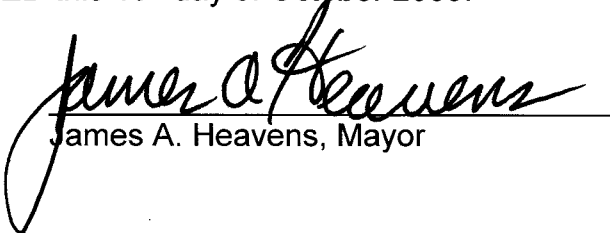
SECTION 2. There will be an allowance for a one-time pool fill adjustment during a calendar year.

- a) The customer must provide, in writing, the beginning and ending meter readings to determine gallons of water used to fill the pool. These meter readings will be used to determine adjustment amount.
- b) A sewer adjustment for water used to fill a pool will be granted only if the billed rate of consumption of water, for a given month, exceeds the average rate of consumption for the previous 11 month average.
- c) The amount of sewer credit will be the amount of the sewer charge at the time the water used to fill the pool was charged.

SECTION 3. All resolutions or parts of resolutions in conflict herewith are hereby repealed to the extent of such conflict.

BE IT FURTHER RESOLVED that this Resolution be made a matter of public record after passage and publication.

PASSED, APPROVED AND ADOPTED this 19th day of October 2009.


James A. Heavens, Mayor


Tricia L. Maiers, City Clerk



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www.cityofdyersville.com

SEWER ADJUSTMENT REQUEST FORM

ACCOUNT #: _____

NAME: _____

ADDRESS: _____

REASON FOR ADJUSTMENT:

SIGNATURE

----- Office Use Only -----

ACTION TAKEN : _____

AMOUNT OF CREDIT ISSUED: _____

DATE OF CREDIT: _____

SIGNATURE