

**Wilderness Rim Association  
Request for Billing Adjustment**

**Note: WRA Trustees meetings are usually monthly on the 3<sup>rd</sup> Wednesday of the month. Please submit this completed form to [water@wildernessrim.org](mailto:water@wildernessrim.org) by the Monday before the trustee meeting to be considered for that month.**

Name: \_\_\_\_\_ Division/Lot #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Email: \_\_\_\_\_

**WATER BILL** [ ☐ ] **BILLING DATE** \_\_\_\_\_

**LATE CHARGE** [ ☐ ] **BILLING DATE** \_\_\_\_\_

**OTHER** [ ☐ ] **BILLING DATE** \_\_\_\_\_

**Describe in detail the reason for the request. If for a water leak adjustment, please describe the location of the leak and provide proof of repair:** \_\_\_\_\_

\_\_\_\_\_

**AMOUNT OF REQUESTED ADJUSTMENT:** \_\_\_\_\_

Member/Owner signature signifies this request to be factual after member reviews their account in the Agynbyte portal. <https://portal.agynbyte.com>

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Presented at Board of Trustees' Meeting on \_\_\_\_\_

**ADJUSTMENT APPROVED** [ ☐ ] **ADJUSTMENT AMOUNT: \$** \_\_\_\_\_

**ADJUSTMENT DENIED** [ ☐ ]

**Reason adjustment denied:** \_\_\_\_\_

\_\_\_\_\_

Date Responded To Member: \_\_\_\_\_

WRA Representative: \_\_\_\_\_ Date: \_\_\_\_\_