

City Of Bulawayo

Financial services
Department, Revenue
Section, Revenue Hall

ext 2054
fax 09-72853

ACCOUNT ADJUSTMENT FORM

Book number.....

Date.....

Account name& address

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.....
.....

Request for adjustment on Account number.....

May you please check and adjust the above account which billed \$.....during the month of

Current readings are..... Taken on.....

Signed..... Date.....

Office use only

Details and nature of adjustment

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Tariff	Debit amount	Credit amount	Consumption
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Adjusted by..... Checked by.....

Captured by..... Authorized by.....