

TWIN LAKES REGIONAL SEWER DISTRICT

"Protecting the Environment Today for Tomorrow's Generations"

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Policy # 2004-01

COMMERCIAL AND INDUSTRIAL BILLING VERIFICATION

The following Policy has been revised and adopted by the Board of Trustees, on May 8, 2008 and incorporated into the District's Standard Operating Procedures.

CHANGES IN RATES FOR COMMERCIAL /INDUSTRIAL ACCOUNTS

In order that the rates and charges for sewage services remain fair and equitable and be in proportion to the cost of providing services to Commercial/Industrial accounts, the District shall review on a biennial basis, or upon request of an owner/business for a billing adjustment. This policy is intended to implement the rates as adopted in the rate ordinance.

BIENNIAL REVIEW

The District will require an owner/business to furnish the Commercial/Industrial Questionnaire no less often than biannually.

The District will total the number of hours worked and divide by 40 to determine the number of Full Time Employees (FTE) and make any necessary billing adjustment to owner/business.

REQUEST BY OWNER/BUSINESS

The District will require an owner/business requesting a billing adjustment to complete the Commercial/Industrial Questionnaire.

The District will total the number of hours worked and divide by 40 to determine the number of Full Time Employees (FTE) and make any necessary billing adjustment to owner/business.

Only one (1) adjustment per year will be considered by the District, at the written request of the owner/business.

ISSUE DATE

3/11/2004

REVISION NUMBER: DATE

1 : 05/08/2008

Restaurants/Eating Establishments only

Health Department Permit # _____

Seating Capacity: _____

Grease Trap YES NO Size _____ gallons
(circle one)

Frequency of Cleaning _____

I understand that agents or employees of the Twin Lakes Regional Sewer District may enter the above named business at anytime to verify the number of employee stated above. If there should be more employees than is stated herein I may be billed accordingly by the District. I affirm under the penalties of perjury that the foregoing representations are true.

By: _____

Printed Name: _____

Title: _____
duly authorized officer

Date: _____

Note: Only one (1) adjustment per year will be considered by the District.

Office Use Only	Customer Account Number(s)