UTILITY DEPARTMENT
2 Utility Drive
Palm Coast, Fl 32137
Phone#386-986-2360 Fax#386-986-2390

LEAK ADJUSTMENT REQUEST

Date:_____ Account Number:_____

Account Holders Name:_____
Service Address:_____

Mailing Address:
Street_____Apt._____
City_____State_____ Zip_____
Daytime Telephone Number:_____

Please allow 2-3 months processing time for this request.

With this letter I am requesting an adjustment on my billing for the following reason(s) (check all that apply)

- o Lost consumption, due to leak
- o Unexplained usage credit
- o Average consumption due to filling pool (Sewer Only)

*Eligibility shall be determined by the City after thorough review on the supporting data. Partial credits are only given if the high consumption is four times higher then your average. **(You are only eligible for one credit per year)**

Date(s) of leak:_____
Date of Repair:_____

Brief description of problem
(Please attach copies of any repair documentation).

_____
_____
_____
_____

Customer Signature:_____

(This form will need to be mailed in or faxed in)