Utility Billing Division
PO BOX 5004
TARPON SPRINGS, FLORIDA 34688-5004
(727) 942-5609 FAX (727) 943-4057

ADJUSTMENT REQUEST

Date: _____

I am requesting an adjustment on the utility bill at the following location;

Customer name: _____

Service address: _____

Account number: _____

Customer phone number: _____

I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit, the review process is performed in the order the requests are received and credits issued will be reflected on my utility statement as an adjusted amount within 60 day period. I understand utility accounts are allowed no more than 2 adjustments each year.

I understand that payment may not be withheld; the payment must be current to avoid the 10% penalty.

Plumber's repair bill attached? Yes Date on repair bill: No

****If you have provided a plumber's statement, you are not required to write out a "statement of repair."***

Statement of repair

What was repaired? _____ ***Date of repair:*** _____

_____
_____
_____
_____
_____
_____
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_____
_____
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_____

Customer signature: _____