



*City of Tarpon Springs
Utility Billing Division
PO Box 5004
Tarpon Springs, Florida 34688-5004
Phone: (727) 942-5609 Fax: (727) 943-4057
Email: ubcts@ctsfl.us*

ADJUSTMENT REQUEST

Date of request: _____

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

Customer name: _____

Telephone number: _____

Address: _____

Account 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. There will not be an adjusted bill sent out.

I understand that payment may not be withheld; the payment must be current to avoid the 10% penalty and possible termination of services.

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

Statement of repair

What was repaired? _____ Date of Completion: _____

Customer signature: _____

By your signature, you are stating you understand the terms of this request

In the event your account qualifies for an adjustment, the credit will be issued through the date of the repair, provided by the customer. Applying for an adjustment on a past due account does not exempt a customer from making payment. You must keep your account in good standing in order to avoid possible termination of services.

