REQUEST FOR ADJUSTMENT

Cape Coral
FLORIDA

Section 19-19 ADJUSTMENT OF BILLS
The City Manager or his designee is hereby authorized to make adjustments to utility bills for water charges for involuntary use of water due to leaks in service lines or defective plumbing fixtures and for Sewer billing adjustments from involuntary use of water due to leaks that did not result in the water entering the sanitary sewer. The billing adjustment shall be based on a review of the account for the six month period prior to the involuntary use. In the event involuntary use encompasses two billing cycles, the calculation for the adjustment shall be based upon the average monthly consumption which exceeds two times the average monthly consumption for the previous six months. **In order to obtain a water and/or sewer billing adjustment, the account holder must provide a written and notarized requesting seeking the adjustment and stating the reason for same. The request must be received by the City within sixty days of the date of the billing for which the adjustment is sought and must be accompanied by evidence, such as a plumber's bill, that a leak or other involuntary use has occurred, has been repaired, and must establish that the involuntary use did not result in the water entering the sanitary sewer system.** Water and sewer billing adjustments shall be limited to the two month period prior to the repair of the leak. Such adjustments may only be granted once in any twelve month period. The total amount of the adjustment shall not exceed fifty percent of the excess usage.

DATE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: (print) _____

SERVICE ADDRESS: _____

_____

PHONE: _____

I hereby request an adjustment to my account for repairs completed on _____
                                                                                           DATE

due to _____.
(Please attach any paid bills or receipts that would apply to this request)

_____   _____
Account Holder Signature   Date

STATE OF FLORIDA
COUNTY OF LEE

SWORN TO and subscribed before me this _____ day of _____, _____,
                                                              DAY   MONTH   YEAR

by _____

Personally known (   ) or Produced Identification (   ) _____
                                                                                      Type of Identification

My commission expires: _____

_____
Notary Public Signature

_____
Notary Public Printed Name

_____
Witness