



Adjustment Request Form

Cycle/route: _____/_____

General Guidelines

Effective Jan. 8th 2018 the City of Sanford board of City Commissioners approves ordinance No. 2018-4430 titled, "Ordinance Relating to Utility Charges," Which states all customer regardless of meter size who experience unusually high water usage with a corresponding spike in their monthly water bill may be considered for a billing adjustment after completing this form within 60 days of the date of the unusually high consumption and investigation and verification by City of Sanford Utilities staff. Please complete this form in its entirety and return to City of Sanford Utilities for processing.

Leak Adjustment Guidelines

- **Only 1 Adjustment per 12 month period will be granted on any account (leaks, pool fill, other)**
- ***** **NO ADJUSTMENTS GIVEN ON TOILET LEAKS** *****
- Adjustments are available for the water portion of the bill and may be available for the wastewater portion of the bill if applicable.
- The customer's prior 6 month average will be compared to the usage during the leak period, this will determine your adjustment.
- **Customers must submit a copy of the repair invoice/payment receipt from the company performing the work. The repair invoice/payment receipt should include the address, date, and nature of the work. If self-repaired, the customer must provide a brief written explanation of the repairs performed and provide copies of invoice/receipt for repair parts.**
 - 1) All customers requesting a billing adjustment in accordance with these guidelines are required to pay their bill in full or make payment arrangements while this form is being processed.
 - 2) Any suspicious behavior, such as altering dates or falsifying documents, will result in adjustment request being denied.

Customers Information

Name: _____ Account #: _____ Telephone#: _____

Service Address: _____ Mailing Address: _____

Adjustment Information

Please select the reason for the adjustment request.

Leak Date leak Detected: _____ Date Leak repaired: _____

Pool Fill Pool Repair (leak) Resurfacing ** Gallons used: _____ **

Please provide a brief explanation of repairs below:

I certify that the above information is true to the best of my knowledge.

Signature _____ Date: _____

**Invoices/
Receipts must be
attached to be
eligible for
adjustments**