

BAL HARBOUR

- V I L L A G E -

Utility Adjustment Request

Customer Information

Name on Account _____
Account Number _____
Service Address _____
Email Address _____
Contact Number _____

Repair Information

Name of Plumber _____
Plumbers License Number _____
Date of Repair _____
Description of Leak _____

Description of Repair _____

Requirements

- Attach copies of repair bill(s) and/or a letter from the company or person(s) completing the repairs.
- Account must be current
- Billing month in which the leak occurred must amount to a 40% increase in regular consumption.
- Return form to Bal Harbour Village Hall or send via email to water@balharbourfl.gov

I understand I can be considered for a Utility Adjustment if all leakage has been corrected, consumption has decreased and all requirements listed have been met.

Date

Customer Signature

INTERNAL USE ONLY

Customer Average (Gallons) _____ Leak Amount (Gallons) _____

Approved by _____

Not Approved _____

Adjustment Amount (Gallons) _____ Adjustment Amount (Dollars) _____

Authorizing Signature

Date