



Billing Adjustment Request Form

General Guidelines

To be considered for a billing adjustment due to a leak, a first time filling or filling due to repair of a pool, this form must be completed in its entirety for the high consumption incident. The high water use will not be forgiven, but shall be paid at Tampa Bay Water's current unitary rate. Additionally, if the documentation shows that the usage did not flow to the County's sewer system the County Administrator or designee may likewise issue a credit to the sewer portion of the bill. Submitting a request is not a guarantee that a credit will be applied to your utility account and billing adjustments, if approved, will only occur after all leaks have been repaired and verified with an actual meter reading.

All customers requesting a billing adjustment (in accordance with Section 110-40(b) of the Pasco County Ordinances) are required to pay their bill in full or make payment arrangements while the billing adjustment decision is being processed. Failure to pay your utility bill or make payment arrangements may result in disconnection of services and additional fees.

Leak Adjustment Guidelines

- Customers must submit this billing adjustment form and include original repair bill(s) and/or receipt(s) or copy of permit for pool installation. If original repair bills and/or receipts are not available then customers must submit a Notarized Statement of Repair to include the date of the work and the nature of the repair.
- The adjustment can only be applied to the customer account active at the time of the leak and will only be applied to the time period of the leak, not to exceed 3 consecutive months.
- Excess water use shall mean the amount of water used over the average usage of the preceding 12 months based on the meter readings. If a new customer does not have 12 months usage, the County will take the average usage over the entire available period of usage of not less than 3 months for that customer.
- Adjustments can be requested retroactive 1 year from the ordinance adoption date of April 22, 2014.

Customer Information

Date: _____ Customer Name: _____

Customer/Account #: _____ Service Address: _____

Contact Phone Number: _____ Contact Email Address: _____

Date(s) in which you are seeking review for adjustment: _____

Type of Leak: Irrigation Toilet Pipe Pool Pool Fill Other: _____

Original repair invoice/receipts attached: Yes No N/A

Original Notarized Statement of Repair attached: Yes No N/A

Copy of pool permit for first time pool filling: Yes No N/A Pool filled on: _____
Date

Please give a brief description of the leak/repair and the action(s) taken (*attach a second sheet if necessary*):

Please return this form and documentation to: Pasco County Utilities, Adjustment Research, P.O. Box 2139, New Port Richey, FL 34656-2139 or bring to one of our offices. Contact Pasco County Utilities Customer Information & Services at (727) 847-8131, (352) 521-4285 or (813) 235-6012 if you need further assistance.