CITY OF EDGEWATER FINANCE DEPARTMENT

104 North Riverside Drive
P.O. Box 100
Edgewater, Florida 32132
customerservice@cityofedgewater.org
Phone: (386) 424-2400
FAX: (386) 424-2409



(Please allow one (1) full bill cycle for credit to be issued)

Customer Name: A	ccount Number:
Street Address:P	hone Number:
This form is to be used for adjustments only. We will is complete drain and refill for repairs). We do not issue off pools, pressure washing, potable water usage for is spas. The sewer portion will be credited on the amount responsible for the water portion. For leaks in plumbing lines, the adjustment will be the discredited to the average. Toilet flapper will be the discret water went down the sewer.	credit for filling pools less than 5000 gallons, topping rrigation, waterbeds, outdoor fun equipment or nt of water consumed for the fill. The owner is
Before we issue any credit on leaks, your consumption has to be <u>two (2) times your average</u> , ex: if your average is 5000 gallons a month, your consumption would have to be over 10000 gallons before we would issue credit. It is still the customer's responsibility to have their bill paid by the due date.	
***Note: When leak continues for three (3) or more months, there will be no adjustment for the third or subsequent months.	
ADJUSTMENT REQUEST	
•	T REQUEST
Purpose for Request: Pool Fill	
Date Filled	Gallons Used
<u>LEAK REPAIRS</u>	
Purpose for Request: ☐ Leak at Property ☐ High U	Jse- Cause Unknown
Where was the leak located?	
Did the water go down the sewer? $\ \square$ Yes $\ \square$ No	
When was the leak repaired?	
Description:	
Please fill the form out, sign and date it, attach all repair re	eceipts and return to the Utility Billing Department.
\square I certify that the above information is true and accurate to the best of my knowledge	
Signature:	Date: