



Adjustment Request Form

Cycle/route: _____/_____

General Guidelines

Effective Jan. 8th 2018, the City of Sanford board of City Commissioners approved ordinance No. 2018-4430 titled, "Ordinance Relating to Utility Charges". This Ordinance 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 bill date with unusually high consumption an investigation and verification by City of Sanford Utilities staff will be performed. Please complete this form in its entirety and return to City of Sanford Utilities for processing.

Leak Adjustment Guidelines

- **NO ADJUSTMENTS GIVEN ON TOILET LEAKS**
- **Only one Adjustment per 12 month period will be granted on any account (leaks, pool fill, other).**
- Adjustments is 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 used to the customer's usage during the leak period to determine excessive water usage to be adjusted.
- **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: _____ Email Address: _____

Adjustment Information

Invoices/ Receipts must be attached to be eligible for adjustments

Please select the reason for the adjustment request.

- Leak Date leak Detected: _____ Date Leak repaired: _____
- Toilet Leak Running hose left on Water Heater New/Pool Fill* Pool Repair (leak)
- Resurfacing Gallons used: _____ *Credits are not given on children size pools.

Please provide a brief explanation of repairs below:

I certify that I have read the above guidelines and the completed above information is true to the best of my knowledge.

Signature: _____ Date: _____