



Utility Billing Adjustment Request

1000 City Center Circle Port Orange, FL 32129

(386)506-5720 Fax: (386) 756-5226

customerservice@port-orange.org

POOL FILL LEAK EXTRAORDINARY ADMINISTRATIVE

Utility Account Number: _____ - _____ Cycle/Route _____

Account Holder's Name: _____

Service Address: _____

Phone Number: _____ Email: _____

The City is only authorized by the Ordinance 18-26 to grant adjustments on the sewer portion of your bill, for the excess water that did not enter the city's sewer system.

**** Please allow 2 billing cycles for final approval. ****

Swimming pool fill. A reduction to a customer's sewer charges shall be authorized up to twice in any twelve-month period for swimming pool fills.

Date of Fill _____ Approx. Gallons _____ Pool Letter

Leaks. If the leak occurs either between the meter and the customer's house or inside the house, the customer shall be eligible for a credit against the sewer charges upon presentation of sufficient verification of the leak.

Water leakage must not have entered the sewer system in order to be eligible for the credit.

Date of repair: _____ Location of Leak: _____

How was it repaired: _____ Receipts /Photos

Extraordinary consumption: If a customer's monthly consumption exceeds the average reading from the previous 12 months by 300 percent or more and the following month returns to the average.

Administrative adjustment: *The following reasons are approved per City Ordinance 18-26*

The adjustment is warranted due to a billing error made by the city.

The customer inadvertently transposes one or more numbers while making a payment.

The customer inadvertently pays the previous month's statement balance resulting in a late payment

Comments: _____

Customer Signature: _____ **Today's Date:** _____

FOR OFFICE USE: HOW WAS FORM RECEIVED: In Office - Drive Thru – Drobox - Mail - Fax - E-Mail

Update Information

Note Account

Rate Group: _____