



## Request for Sewer Adjustment

1000 City Center Circle, Port Orange FL 32129

Phone: 386-506-5720 Email: [customerservice@port-orange.org](mailto:customerservice@port-orange.org)

Utility Account Number:

\_\_\_\_\_

Customer Name:

\_\_\_\_\_

Service Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

E-Mail:

\_\_\_\_\_

**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.**

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(s) of Fill \_\_\_\_\_ Approx. Gallons added to pool \_\_\_\_\_

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.

Location of Leak: \_\_\_\_\_

Date Repaired: \_\_\_\_\_

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.

*Additional Comments:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please allow 2-4 billing cycles for final approval.**

Customer Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_ Request a copy of Ordinance 18-26

\_\_\_\_ Request a payment plan

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Received by Whom: \_\_\_\_\_

Noted Customers Account     Updated Customers Contact Info

Revised 9/7/22