



City of Casselberry

Finance Department – Utilities Division

95 Triplet Lake Drive, Casselberry, Florida 32707 • Telephone (407) 262-7700, Prompt #4
Fax (407) 262-7762 • Website: www.casselberry.org

UTILITY ADJUSTMENT REQUEST FORM

(Please allow five (5) working days for adjustment)

Customer Name: _____ Account #: _____

Street Address: _____ Contact Phone #: _____

MAY WE LEAVE A DETAILED MESSAGE ON YOUR ANSWERING MACHINE? Yes No

We will call after the adjustment is completed to advise you of the amended balance due. It is still the customer's responsibility to ensure their bill is paid by the due date. **ONLY SEWER CHARGES WILL BE ADJUSTED** to "average". No adjustment will be made to the WATER portion of the bill. This amount remains the customer's responsibility to pay, even in the event of severe leaks, etc. Payment plans can be arranged to allow for a feasible payment of the bill (normally not more than a four (4) month payment period).

Where was the leak located? _____

When was the leak fixed? _____

Who fixed the leak? **(*Please attach any invoices or receipts which are related to repair work completed)**

Plumber Landlord Self Handyman Pool Company Irrigation Specialist

FOR SWIMMING POOL ADJUSTMENTS

Purpose for Filling: Annual Re-fill New Pool Re-Surfacing Leak in pool (**must be repaired**)

Date of filling: _____ Capacity: _____ Est. gallons used: _____

Type of pool: In-Ground Above-Ground Jacuzzi/Hot Tub Other: _____

Meter Readings (if taken) _____ to _____ Total: _____
Beginning Read Completed Read

If you are requesting an adjustment for any other reason other than a leak or swimming pool, explain in detail below.

I certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____