

COLUMBIA COUNTY, FLORIDA

Application for Utility Bill Leak Adjustment

Owner/ Renter: _____ Date: _____

Service Address: _____

Mailing Address: _____ Phone Number: _____

Billing Period _____

Consumption _____ Amount Billed _____ : (please attach a copy of the County Bill)

Exact nature of the leak and location (this will be inspected by a County staff member)

Plumber name, address and materials used (attach bill or other means to verify repair).

I hereby certify under the penalty of perjury, under the laws of the State of Florida, that the above is true and correct to the best of my knowledge.

Customer Signature Date

Notary:

County Use Only:

___Accidental Damage ___Natural Deterioration ___Abuse or Neglect ___Other

Explanation of cause of leak (over tighten PRY, water left running, unknown, etc. Leak repair is adequate _____ Leak repair is inadequate _____(explain)

Date: ___ Inspected by: _____

Water Adjustment Amount \$ ___ Sewer Adjustment Amount \$ _____

Date Adjusted: _____ Approved by: _____