



# City of Gulf Breeze

## UTILITY ADJUSTMENT REQUEST FORM

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Text Phone #: \_\_\_\_\_

Customers are allowed one leak adjustment per 12 month period. Sewer charges will be adjusted according to your average water usage and water, if applicable, will be adjusted at the difference between wholesale and retail cost (please be aware that your bill will still be higher than your normal monthly payment). It is still the customer's responsibility to pay by the due date and if needed a payment arrangement can be made.

### LEAK ADJUSTMENTS

Toilet/Sink/Bath  
**(water only)**

Broken Pipe  
**(sewer only)**

Hose

Exterior Leak

Other: \_\_\_\_\_

Leak repaired by? **(Please attach any copies invoices/receipts which are related to repair work completed if possible)**

Plumber

Landlord

Self

Maintenance Man

Other: \_\_\_\_\_

Date leak repaired? \_\_\_\_\_ Duration of leak? \_\_\_\_\_

### SWIMMING POOL ADJUSTMENTS (sewer only)

Purpose for Filling:  Annual Re-fill

New Pool

New Liner

Leak in pool **(must be repaired)**

Date of filling: \_\_\_\_\_ Capacity: \_\_\_\_\_ Est. gallons used: \_\_\_\_\_

Type of pool:  In-Ground

Above-Ground

Other: \_\_\_\_\_

Date pool repaired? \_\_\_\_\_ Repaired by?  Pool Company

Self

Other: \_\_\_\_\_

If you are requesting an adjustment for any other reason than the above, explain in detail below.

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1070 Shoreline Drive, Gulf Breeze, Florida, 32561 • Telephone (850) 934-5110, Fax (850) 934-5126  
Website: [www.cityofgulfbreeze.com](http://www.cityofgulfbreeze.com) • Pay your bill 1-855-246-7331