

**CITY OF EDGEWATER  
FINANCE DEPARTMENT**

104 North Riverside Drive  
P.O. Box 100  
Edgewater, Florida 32132  
customerservice@cityofedgewater.org  
Phone: (386) 424-2400 FAX: (386) 424-2409



**ADJUSTMENT REQUEST**

**(Please allow one (1) full bill cycle for credit to be issued)**

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This form is to be used for adjustments only. We will issue credit only for pool fills (new construction or complete drain and refill for repairs). We do not issue credit for topping off pools, pressure washing, waterbeds or spas. The sewer portion will be credited on the amount of water consumed for the fill. The owner is responsible for the water portion.

For leaks in plumbing lines, the adjustment will be the discretionary rate on water over the average. Sewer will be credited to the average. Toilet flapper will be the discretionary rate on water and no credit for sewer since the water went down the sewer.

Before we issue any credit on leaks, your consumption has to be two (2) times your average, ex: if your average is 5000 gallons a month, your consumption would have to be over 10000 gallons before we would issue credit. It is still the customer's responsibility to have their bill paid by the due date.

**SWIMMING POOL ADJUSTMENTS**

Purpose for Filling:  New Pool  Repair

Estimated Gallons Used: \_\_\_\_\_

Date Filled: \_\_\_\_\_

**PLUMBING REPAIRS**

Where was the leak located? \_\_\_\_\_

Did the water go down the sewer?  Yes  No

When was the leak repaired? \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fill the form out, sign and date it, attach all repair receipts and return to the Utility Billing Department.

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

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