

# BAL HARBOUR

- V I L L A G E -

## Utility Adjustment Request

### Customer Information

Name on Account \_\_\_\_\_  
Account Number \_\_\_\_\_  
Service Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact Number \_\_\_\_\_

### Repair Information

Name of Plumber \_\_\_\_\_  
Plumbers License Number \_\_\_\_\_  
Date of Repair \_\_\_\_\_  
Description of Leak \_\_\_\_\_  
Description of Repair \_\_\_\_\_

### Requirements

- Attach copies of repair bill(s) and/or a letter from the company or person(s) completing the repairs.
- Account must be current
- Billing month in which the leak occurred must amount to a 40% increase in regular consumption.
- Return form to Bal Harbour Village Hall or send via email to [water@balharbourfl.gov](mailto:water@balharbourfl.gov)

**I understand I can be considered for a Utility Adjustment if all leakage has been corrected, consumption has decreased and all requirements listed have been met.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

### INTERNAL USE ONLY

Customer Average (Gallons) \_\_\_\_\_ Leak Amount (Gallons) \_\_\_\_\_

Approved

Not Approved \_\_\_\_\_

Adjustment Amount (Gallons) \_\_\_\_\_ Adjustment Amount (Dollars) \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date