

PINELLAS COUNTY UTILITIES STATEMENT OF LEAK REPAIR

If you had a water leak repaired and your water consumption during the billing period in which the leak was repaired, or during the prior billing period, was at least two times or 20,000 gallons more than your average bimonthly bill, you may qualify for a bill adjustment. To request an adjustment review, please submit a copy of the invoice from a licensed plumber. If you do not have an invoice, you may complete this form and have it notarized to request a review.

Account Number:			Date:		
Servic	e Address:				
City:		Zip Code:		Repair Date:	
What	specific repairs were made?_				
Name	of the person who made rep	airs:			
	Т	he following sectio	n is to be comple	ted by a Notary.	
	OF TY OF				
Sworn	to (or affirmed) and subscrib	ed before me this_	day of	, 20, by	
(Printed name of the person making statement)			(Signature of person making statement)		
			*(Signature of N	Notary Public- State of)	
				(Name of notary typed, printed, or stamped)	
(NOTARY SEAL)			Commission Expiration Date:		
*If this	s document is notarized in a s	tate other than Flo	rida, please comp	ly with that state's notary instructions.	
Check One: ☐ Personally Known ☐ Produced Io			dentification	Type of Identification Produced	
	submit documentation to O I		•		
Mail:	Pinellas County Utilities Attention: Adjustments P.O. Box 1780 Clearwater, FL 33757-1780	OR	Email:	utlleakrepairdocs@pinellas.gov (this is a receipt-only email account)	

For general account questions and concerns, email <u>custsrv@pinellas.gov</u> or call (727) 464-4000. Customer Services is available Monday through Friday from 8:00 a.m. until 5:00 p.m., excluding County holidays.