

St. Johns County Board of County Commissioners

UTILITY DEPARTMENT
Customer Service

PO Drawer 3006
Saint Augustine, Florida
32085-3006



Phone: (904) 209-2700
Fax: (904) 209-2718
Email: utilbill@sjcfl.us

LEAK ADJUSTMENT REQUEST

Date: _____ **Account Number:** _____ - _____

Account Holder's Name: _____

Service Address: _____

Mailing Address:

Street: _____ **Apt. Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

****Please allow 2-3 months processing time for this request****

Date(s) of Leak: _____

Date of Repair: _____

Brief Description of Problem: _____

****Please attach copies of any repair documentation****

Any adjustment made will display as a credit on your water/sewer statement.

Customer Signature: _____