

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

POOL FILL ADJUSTMENT REQUEST

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

Name of Account Holder: _____

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****

With this letter, I am requesting a sewer adjustment on my billing for the following reason(s) (check all that apply):

- Initial filling of a swimming pool
- Refill of a swimming pool after repairs

Date(s) of Fill: _____

Approximate Gallons Used: _____

Please attach copies of any repair documentation. _____

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

Customer Signature: _____