



St. Johns County Board of County Commissioners

Utility Department – Customer Service

PO Drawer 3006, St. Augustine, FL 32085-3006

P: 904.209.2700 | F: 904.209.2718 | utilbill@sjcfl.us

LEAK ADJUSTMENT REQUEST

Date: _____ Account Number: _____-

Account Holder's Name: _____

Service Address: _____

Mailing Address:

Street: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

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

Please continue making your monthly payments throughout the 2 to 3 month processing period to ensure uninterrupted service. We appreciate your patience and cooperation during the processing time period. Please note, we do NOT adjust for irrigation. Adjustments cannot be submitted for charges billed by the County more than 90 days prior.

Requests with inaccurate or missing information will not be reviewed.

Date(s) of Leak: _____

Date of Repair: _____

Brief Description of Problem:

****Please attach proof of the repair, such as receipts and/or a repair invoice.****

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

Customer Signature: _____

Revised 09-2026