

St. Johns County Board of County Commissioners

*UTILITY DEPARTMENT
Customer Service*

*P O Box 3006
SAINT AUGUSTINE, FLORIDA
32085-3006*



*Phone: (904) 209-2700
Fax: (904) 209-2718*

LEAK ADJUSTMENT REQUEST

Date: _____ *Account Number:* _____

Account Holder's Name: _____

Service Address: _____

Mailing Address:

Street _____ *Apt.* _____

City _____ *State* _____ *Zip* _____

Daytime Telephone Number: _____

Please allow 2-3 months processing time for this request

With this letter, I am requesting an adjustment on my bill.

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: _____