



**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

**POOL FILL ADJUSTMENT REQUEST**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ - \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

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\*\***

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

\_\_\_\_\_ Initial filling of a swimming pool

\_\_\_\_\_ Refill of a swimming pool after repair

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: \_\_\_\_\_