



CITY OF FLAGLER BEACH

P.O. Box 70
105 South 2nd Street
Flagler Beach, Florida 32136
Phone 386-517-2000
Fax 386-517-2008

UTILITY BILL ADJUSTMENT REQUEST

NAME:

ACCOUNT NUMBER:

ADDRESS:

PHONE NUMBER:

CIRCUMSTANCES SURROUNDING THE LEAK:

DATE LEAK WAS REPAIRED:

WHO FIXED THE LEAK:

*CITY ORDINANCE REQUIRES THAT YOU SUBMIT PROOF OF REPAIR.
USUALLY THIS IS DONE BY ATTACHING A PLUMBERS BILL OR RECEIPT
FOR THE SUPPLIES USED TO FIX THE LEAK.

DATE(S) OF BILL(S) FOR WHICH YOU ARE REQUESTING CREDIT

SIGNATURE OF PERSON SUBMITTING REQUEST

RETURN THIS FORM TO THE UTILITY BILLING CLERK