CITY OF EDGEWATER FINANCE DEPARTMENT

104 North Riverside Drive
P.O. Box 100
Edgewater, Florida 32132
customerservice@cityofedgewater.org
Phone: (386) 424-2400
FAX: (386) 424-2409



(Please allow one (1) full bill cycle for credit to be issued)

Customer Name:	Account Number:
Street Address:	Phone Number:
off pools, pressure washing, potable water usage fo spas. The sewer portion will be credited on the amo responsible for the water portion. For leaks in plumbing lines, the adjustment will be the d	ue credit for filling pools less than 5000 gallons, topping r irrigation, waterbeds, outdoor fun equipment or
Before we issue any credit on leaks, your consumption has to be <u>two (2) times your average</u> , ex: if your average is 5000 gallons a month, your consumption would have to be over 10000 gallons before we would issue credit. It is still the customer's responsibility to have their bill paid by the due date.	
***Note: When leak continues for three (3) or more months, there will be no adjustment for the third or subsequent months.	
	NT REQUEST
ADJUSTNE	NI REQUEST
Purpose for Request: Pool Fill	
Date Filled	Gallons Used
LEAK REPAIRS	
Purpose for Request: \square Leak at Property \square High Use- Cause Unknown	
Where was the leak located?	
Did the water go down the sewer? \square Yes \square No	
Date of Repair (MM/DD/YYYY):	
Description:	
Please fill the form out, sign and date it, attach all repair	receipts and return to the Utility Billing Department.
\square I certify that the above information is true and accurate to a	the best of my knowledge
Signature:	Date: