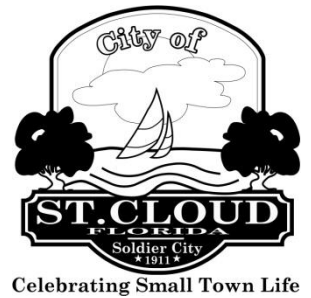




ST. CLOUD UTILITIES
 1300 NINTH STREET, ST. CLOUD, FL 34769
 BUILDING A - FIRST FLOOR
 PH: 407-957-7344 FAX: 407-957-7111
 EMAIL: CUSTOMERSERVICE@STCLOUD.ORG



CREDIT ADJUSTMENT APPLICATION

As a customer of St. Cloud Utilities, you may request an adjustment on your current water bill if you have recently encountered a leak or had your pool filled by completing and submitting this application. Your payment and supporting documents such as receipts, plumber invoices, and/ or pictures must accompany this application to be considered for an adjustment. Request **must** be submitted within 30 days of repair date. Submittal of this request does not prevent your account from collection activity, including interruption of service.

I, _____ account holder of the property located at:
 _____ whose phone number
 is _____. Account number: _____ Hereby request
 consideration of an adjustment to my account.

Please select the reason for the adjustment request.

___ Pool Fill Date of pool fill: _____ Est. gallons used: _____

___ Leak (Please attach invoices or receipts related to completed repair.)
 Date of repair: _____

Please give brief description of how the leak occurred:

By submitting this application, I am aware that only one adjustment every twelve (12) months, will be granted on my account. I further understand that this application must be accompanied with supporting documents to be considered for an adjustment. I also understand my responsibility of any balance on the account while the account is being reviewed and subject to any collection activities, including interruption of service.

I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

PLEASE ALLOW 2-3 MONTHS PROCESSING TIME FOR THIS REQUEST

For Office Use Only _____ Adjustment approved _____ Adjustment denied

Amount of adjustment: _____ Completed on: _____

Approved by: _____