



BUDGET AND FINANCE DEPARTMENT

UTILITIES CUSTOMER SERVICE

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314

PHONE: 954.797.1065 • FAX: 954.797.1049 • WWW.DAVIE-FL.GOV

Water/Sewer Billing Adjustment Request

Request Date: _____

Date Issue was repaired: _____

Customer Account Number: _____

Customer Name: _____

Service Address: _____

Phone Number: _____

E-mail address: _____

Please adjust my utility bill. I have placed an "x" next to the applicable reason(s) and provided additional information as indicated:

Repaired a leak in swimming

Filled swimming pool

Repaired a broken water line. Location of repair: _____

Please explain:

Print Name: _____ Signature: _____

****Please attach the repair bill or receipt(s) for the repairs. *This information is required.***
If you do not have a receipt or bill, please explain why: _____

Completed forms should be returned to Utilities Customer Service via e-mail, utcs@davie-fl.gov or fax, (954) 797-1049.

If you are eligible for an adjustment, it will be reflected on your next billing statement.
Thank you for taking the time to communicate your situation to us.