



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](http://WWW.DAVIE-FL.GOV)

EMAIL: UTILITIES@DAVIE-FL.GOV

**Water/Sewer Billing Adjustment Request Form**

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 pool

Filled swimming pool

Repaired a broken water line/other

Toilet leak

Other

Please explain: \_\_\_\_\_

\_\_\_\_\_

I understand that I am still responsible for ALL of the water that went through the water meter at the adjusted rate (Adjustments can only be done for up to two (2) months of high usage). I will contact the Customer Service Office if I need to set up a payment plan after I receive my adjustment on my bill.

\*\* (If this box is not initialed you will **NOT** receive an adjustment)

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, [utilities@davie-fl.gov](mailto:utilities@davie-fl.gov) or fax, (954) 797-1049.

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