



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 pool Filled swimming pool
- Repaired a broken water line/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 (or when enough time has passed to find my average usage in order to make a proper 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 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.