



CITY OF NEPTUNE BEACH

116 FIRST STREET, NEPTUNE BEACH, FL 32244

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## **REQUEST FOR UTILITY BILL LEAK ADJUSTMENT**

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:		
EMAIL:		

PLEASE PROVIDE ACCOUNT NUMBER	
_____ - _____ - _____	
LOCATION OF REPAIR: <input type="checkbox"/> Inside of home <input type="checkbox"/> Outside of Home	

SELECT TYPE OF REPAIR:	
<ul style="list-style-type: none"><li><input type="radio"/> FAUCET/SHOWER/SINK</li><li><input type="radio"/> HOT WATER HEATER</li><li><input type="radio"/> TOILET</li><li><input type="radio"/> POOL FILL: NEW</li><li><input type="radio"/> POOL REFILL: REPAIR</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> PLUMBING/PIPE: BEHIND WALL</li><li><input type="radio"/> PLUMBING/PIPE: IRRIGATION</li><li><input type="radio"/> PLUMBING/PIPE: UNDERGROUND</li><li><input type="radio"/> SPIGOT</li><li><input type="radio"/> OTHER: _____</li></ul>

DATE OF REPAIR/ POOL FILL (MM/DD/YYYY):
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**Supporting documentation must be included with this application.**

**FOR LEAKS:** Documentations must include the type and date of repair along with the service address where repair was performed. Leak adjustments are limited to 1 per fiscal year for up to 2 consecutive months.

**FOR POOL FILLS:** Documentations must include the date of the pool fill/refill if repaired, the estimated number of gallons filled or refilled along with the service address where the pool was installed or repaired. Swimming pools must be properly permitted pursuant to the law. Pool fill adjustments are limited to 1 per fiscal year.

**EXAMPLES:** Invoices for repair or installation from a plumber or contractor, and/ or receipts showing proof of purchase or repair to be submitted with leak adjustment requests.

**By submitting this request, I agree all information is true and correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form via: Mail, Fax, In person, or Email**