



REQUEST FOR SEWER CHARGE CREDIT

Name: _____ Account #: _____

Address: _____ Phone #: _____

Reason for Request (please check one)

* Clear picture of the before and after meter readings recommended *

<p>Water Leak</p> <p><input type="checkbox"/></p>	<p>A receipt from a licensed/certified plumber, detailing leak location information, is required for credit consideration.</p> <p>* Please note: In accordance with Sec. 28-28 - The City shall not be responsible for any loss of water, from leaks or otherwise, on the private property of a consumer and shall be under no obligation to make adjustment for such loss.</p>
<p>Fill Pool/ Spa</p> <p><input type="checkbox"/></p>	<p>Date Started Filling Pool: _____</p> <p>Reading Before Pool Filled: _____</p> <p>Date Ended Filling Pool: _____</p> <p>Reading After Pool Filled: _____</p> <p>Size of Pool: _____ (Example: 10' x 75')</p> <p>* Please note: Only <u>ONE</u> refill per year can receive a credit.</p>

Customer Signature

Date

This letter must be returned with a detailed licensed plumber's receipt.
Please return to Customer Service: Attention Billing Department.

Mailing address: P.O. Box 900430 Homestead, FL 33090-0430
or
E-mail: customerservicequestions@homesteadfl.gov