

**CITY OF SEMINOLE  
WATER BILL ADJUSTMENT REQUEST**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Reason for Adjustment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you as account holder acknowledge responsibility for settling all current and future balances on your account. Adjustments to account balances are recommended by the Water Office and are considered for approval by a review committee on a monthly basis.

**REQUESTS MUST BE MADE TO THE WATER OFFICE WITHIN 90 DAYS OF OCCURRENCE FOR CONSIDERATION.**

In addition to proof of repairs, such as a plumber's receipt or receipt for parts, consumption history will be taken into consideration. The Water Department must verify that water consumption is at an appropriate level before an account adjustment will be processed.

**\*\*\*ACCOUNT ADJUSTMENTS REQUIRE UP TO 30 DAYS FOR FINAL APPROVAL AND WILL BE PROCESSED AS AN ACCOUNT CREDIT ONLY. ALL ACCOUNTS ARE DUE IN FULL MONTHLY AND MAY BE SUBJECT TO CUTOFF REGARDLESS OF PENDING ACCOUNT ADJUSTMENTS.\*\*\***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY:**

**APPROVED?**      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**      **AMOUNT**      \$ \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_