



Customer Billing Services
1015 Cultural Park Blvd
Cape Coral, FL 33990
E-mail: csbilling@capecoral.gov
Phone: (239) 574-7722

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|----------------------------|
| For office use only |
| Cycle/route: _____ |
| Last leak adj: _____ |
| Received date: _____ |
| Sewer only: _____ |

REQUEST FOR ADJUSTMENT

- Request must be received within 60 days of the bill date.
- Water and sewer adjustments must exceed 10,000 gallons and double the previous 6-month average.
- Adjustments are limited to the two-month period prior to the repair of the leak.
- The total amount of adjustment credit shall not exceed 50 percent of excess usage.
- Requests must include a receipt/invoice or other documentation of the repair.
- Adjustment request will be granted once in any 12 month period.
- Adjustments may take up to six months to process.
- For more information refer to Cape Coral Code of Ordinances, Chapter 19-19.

Customer name: _____

Customer number: _____

Account number: _____

Service address: _____

Phone number: _____

Email: _____

I hereby request an adjustment to my account for repairs completed on: _____

due to _____

(EXPLANATION OF LEAK AND REPAIR)

I understand and agree with the terms of this request for adjustment.

Account holder Signature

Date