FINANCE DEPARTMENT

1600 Huntington Lane Rockledge, Florida 32955 Phone: 321-221-7540 Fax: 321-204-6356

NAME:



DATE:

REQUEST FOR A SEWER / RECLAIMED WATER CREDIT

Requests must be received within 60 days of the date of the bill for which an adjustment is requested.

Sewer credits are not guaranteed, nor granted due to the following reasons: leaks where water enters the sanitary system (leaking toilets/faucets, etc.), water used for irrigation, negligent or undetermined use of water.

STREET ADDRESS:				
DAYTIME PHONE NUMBER:				
EMAIL ADDRESS:				
ACCOUNT NUMBER: (CITY OF COCOA)				
DATE OF POOL FIL	_L* : <i>o</i>	R DATE OF LEAK	REPAIR** :	
SIGNATURE OF ACCOUNT HOLDER:				
 * A copy of a receipt of the repair materials, a plumber's bill, photos, and/or a pool contractor's invoice must be submitted. (Only one pool fill / sewer credit allowed per 12 month period.) ** A copy of a plumber's bill, pictures and/or a contractor's invoice must be submitted. 				
Please attach requested documents (see above) AND provide the consumption billing history for the three months prior to the pool fill / leak repair, along with the month the credit is asked for (4 full bills in total).				
CONTINUE TO PAY YOUR BILL ON TIME to avoid service interruption. Any approved credit will appear on a subsequent bill.				
FOR OFFICE USE ONLY:				
DATE	CONSUMPTION	CHARGE	AVERAGE	
		-	3 	_
				-
			0 <u>- 200</u> - 200 - 2	_
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