

FINANCE DEPARTMENT

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



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.

Sewer credits are limited to a maximum of \$500.00.

NAME: _____ DATE: _____

STREET ADDRESS: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

ACCOUNT NUMBER: (CITY OF COCOA) _____

DATE OF POOL FILL*: _____ OR DATE OF LEAK / REPAIR**: _____

SIGNATURE OF ACCOUNT HOLDER: _____

The following documentation is REQUIRED:

* A copy of a receipt of the repair materials, a plumber's bill, photos, 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 with explanation OR receipt of the repair materials, pictures, with explanation 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 bills in total). Requests received without proper documentation will be denied.

CONTINUE TO PAY YOUR BILL ON TIME to avoid service interruption. Any approved credit will appear on a subsequent bill.

FOR OFFICIAL USE ONLY: _____