



UTILITY LEAK ADJUSTMENT REQUEST FORM

CUSTOMER INFORMATION

Name on Account (Property Owner)		Account Number	
Mailing Address		Telephone- Work	
City, State, Zip Code		Home	
		Cellular	
Service Address		Email Address	

REPAIR INFORMATION

Repairs Completed By (Name)		Date of Repair	
Plumber's License Number (Example: License # CFC 010101, if applicable)		Type of License (if applicable)	<input type="checkbox"/> State of Florida <input type="checkbox"/> Broward County
Description of Repair Include exact type & location of repair. Attach a separate sheet of paper if additional space is necessary.			

REQUESTED SINGLE BILLING CYCLE ASSOCIATED WITH ADJUSTMENT REQUEST

Billing Cycle Service Dates:	Billing Cycle Due Date:	Billing Cycle Usage:	Bill Amount
_____	_____	_____	\$ _____ 10% = \$ _____

I affirm the above information is true and correct and that I understand all of the requirements, information and calculation method explained below. I understand I **may** be considered for a utility leak adjustment if all leakage has been corrected and all requirements below have been met. I further acknowledge I will only be issued one adjustment for the same repair in a five year period. I further acknowledge that before a leak adjustment will be made I am required to submit a minimum payment of 10% of the amount due on the higher than expected utility bill and that I am responsible for any and all balances not adjusted.

Account Holder's Signature:		Date:	
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In the following situations, a customer's utility bill **may** be considered for a potential adjustment (subject to the exclusions and requirements for adjustment discussed in this document):

- a high bill due to a leak that was underground or concealed in a wall or foundation
- an act of vandalism resulting in high usage

No adjustments will be made for leaks occurring in visible fixtures such as toilets, hot water heaters, washing machines, spigots, faucets or exposed plumbing (including pipes in an under-the-sink cabinet, for example). No adjustments will be made for any and all pool water, including but not limited to filling or leaks. No adjustments will be made for irrigation meters or leaks at the meter.

REQUIREMENTS FOR ADJUSTMENT

- A Utility Leak Adjustment Request Form must be completed and signed by the property owner and submitted to Utility Billing within fifteen (15) business days of repair completion.
- All repairs for leak(s) must be completed within thirty (30) calendar days of the higher than expected bill due date.
- Attach a copy of the detailed repair invoice or bill from the company or person completing the repairs. The invoice or bill must describe the nature of the leak and the repair that was made, the address where repair was made, name of the property owner and date of repair.
- In cases of vandalism, customer must have reported the incident to the police, obtain and submit a police report with the Utility Leak Adjustment Request Form.
- All prior utility account balances must be paid in full.
- A minimum payment of 10% must be received on the higher than expected utility bill. Customer will be responsible for any balance not adjusted.

IMPORTANT ADDITIONAL INFORMATION

- If a Utility Leak Adjustment Request Form is submitted it will only be considered for a single billing cycle.
- If qualified repairs have not been completed, no adjustment will be applied to the utility account.
- A Utility Leak Adjustment may take up to forty-five (45) calendar days from the submittal of the request form to review and make a final determination.
- Incomplete Utility Leak Adjustment Request Forms or missing supporting documentation will delay the consideration for an adjustment and may result in the denial of an adjustment. Customer will be notified by Utility Billing of incomplete or missing information and the requested information must be submitted within fifteen (15) calendar days of the notification or the leak adjustment request will be denied.
- If a utility leak adjustment is approved, only one (1) adjustment will be applied to an account for the same repair within a five (5) year period.
- If the utility account is not currently in the name of the property owner as reflected by the Broward County Property Appraiser's Office on the date of the adjustment request, an account must be established in the property owner's name before an approved adjustment will be applied to the account.



LEAK ADJUSTMENT CALCULATION

- No adjustments will be made on base fees, stormwater charges or late fees. Water and sewer billing adjustments will be calculated at 50% of the difference between the usage units of the requested single billing cycle and the average usage units over the last 12 billing cycles.

Example:

Service dates: 12/10/16-1/10/17 High Bill: 90 units of water; sewer at max of 10 units
 Average Usage - prior 12 billing cycles: 6 units of water; 6 units of sewer
 Adjustment for High Bill: 42 units of water {90 units – 6 average units = 84 x 50%=42}
 2 units of sewer {10 units – 6 average units = 4 x 50% = 2}

The unpaid portion from the single billing cycle associated with the submitted Utility Leak Adjustment Request Form shall not be the basis for disconnection while the request is under consideration. Any balance not adjusted must be paid within 15 days of notification of the approval or denial of the request. Utility billing will notify customer in writing if request is approved or denied.

Any and all utility account balances other than the single billing cycle under consideration for a leak adjustment are subject to late fees and could result in disconnection if not paid by the due date.

The completed form can be emailed to: jgarcia@nlauderdale.org or mailed/hand-delivered to: City of North Lauderdale, Utility Billing 1st Floor, 701 SW 71st Avenue, North Lauderdale, FL 33068. Be sure to indicate "Leak Adjustment" on the subject line or envelope.

FOR INTERNAL USE ONLY

Date Request Received _____	Balance on Account _____	<input type="checkbox"/> 10% Paid <input type="checkbox"/> Prior Balance Paid	Leak Adjustment Amount _____
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Approved by: _____ Date _____

Denied by: _____ Date: _____