City of Tarpon Springs
Utility Billing Division
PO Box 5004
Tarpon Springs, Florida 34688-5004
(727) 942-5609 FAX (727) 943-4057

ADJUSTMENT REQUEST

Date of request: _____

I am requesting an adjustment on the utility bill at the following location;

Customer name: _____

Telephone number: _____

Address: _____

Account number: _____

I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit, the review process is performed in the order the requests are received and credits issued will be reflected on my utility statement as an adjusted amount.

I understand that payment may not be withheld; the payment must be current to avoid the 10% penalty and possible termination of services.

Plumber's repair bill attached? Date on repair bill: _____ No _____

*If you have provided a plumber's statement, you are not required to write out a "statement of repair."

Statement of repair

What was repaired? _____ Date of Completion: _____

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

_____

Customer signature: _____