



# Billing Adjustment Request Form

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## General Guidelines

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To be considered for a billing adjustment due to a leak **this form must be completed in its entirety** for the high consumption incident. The high water use will not be forgiven, but shall be paid at the lowest per thousand gallons rate from the rate schedule. Additionally, if the documentation shows that the usage did not flow to the County's sewer system we may likewise issue a credit to the sewer portion of the bill. Submitting a request is not a guarantee that a credit will be applied to your utility account and billing adjustments, if approved, will only occur after all leaks have been repaired and verified with an actual meter reading.

**All customers requesting a billing adjustment (in accordance with Section 30-40 of the Town of Fort Myers Beach Ordinance 14-06) are required to pay their bill in full or make payment arrangements while the billing adjustment decision is being processed. Failure to pay your utility bill or make payment arrangements may result in disconnection of services and additional fees.**

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## Leak Adjustment Guidelines

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- Customer must submit this billing adjustment form and include original repair bill if available.
- Customer may be permitted one (1) leak credit per year (i.e. twelve (12) consecutive billing periods).
- The adjustment can only be applied to the customer account active at the time of the leak and will only be applied to the time period of the leak, not to exceed 2 consecutive months.
- Excess water use shall mean the amount of water used over the average usage of the preceding three (3) billing periods or the actual usage for the same billing period for the prior three (3) years; whichever is greater.

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Please return this form and documentation to: Ft. Myers Beach Utilities, 2525 Estero Blvd, Ft. Myers Beach, FL 33931; email to [fmbh2o@fmbgov.com](mailto:fmbh2o@fmbgov.com). Contact Ft. Myers Beach Utilities at (239) 463-9914 if you need further assistance.

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## Customer Information

DATE: \_\_\_\_\_ CUSTOMER NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ CONTACT EMAIL ADDRESS: \_\_\_\_\_

DATE(S) IN WHICH YOU ARE SEEKING REVIEW FOR ADJUSTMENT: \_\_\_\_\_

TYPE OF LEAK:  IRRIGATION  TOILET  PIPE  POOL  OTHER: \_\_\_\_\_

ORIGINAL REPAIR INVOICE/RECEIPT ATTACHED:  YES  NO  N/A SIGNATURE: \_\_\_\_\_

Please give a brief description of the leak/repair and the action(s) taken:

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