



Customer Billing Services  
1015 Cultural Park Blvd  
Cape Coral, FL 33990

E-mail: [csbilling@capecoral.gov](mailto:csbilling@capecoral.gov)

Phone: (239) 574-7722 Option 3 then Option 5

**For office use only**

Cycle/route: \_\_\_\_\_

Last leak adj: \_\_\_\_\_

Received date: \_\_\_\_\_

Sewer only: \_\_\_\_\_

## REQUEST FOR ADJUSTMENT

- Request must be received within 60 days of the bill date.
- Water and sewer adjustments must exceed 10,000 gallons and double the previous 6-month average.
- Adjustments are limited to the two-month period prior to the repair of the leak.
- The total amount of adjustment credit shall not exceed 50 percent of excess usage.
- Requests must include a receipt/invoice or other documentation of the repair.
- Adjustment request will be granted once in any 12 month period.
- Adjustments may take up to six months to process.
- For more information refer to Cape Coral Code of Ordinances, Chapter 19-19.

**Customer name:** \_\_\_\_\_

**Customer number:** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Service address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I hereby request an adjustment to my account for repairs completed on: \_\_\_\_\_

due to \_\_\_\_\_

(EXPLANATION OF LEAK AND REPAIR)

I understand and agree with the terms of this request for adjustment.

\_\_\_\_\_  
Account holder Signature

\_\_\_\_\_  
Date