



LEAK ADJUSTMENT REQUEST FORM

Water Resources, Utility Billing & Customer Service
3600 W Sovereign Path– Lecanto, FL 34461
Phone (352) 527-7650 - Fax (352) 527-7644
Email: WaterResources@citrusbocc.com

Below is a check list of requirements per Code Section 102-137. ALL requirements have to be met in order to be considered for a Leak Adjustment.

- In good payment standing, for the past 12 months.
- Leak usage results in at least 200 percent increase in the cost of the water in comparison to the prior monthly bill.
- Homeowner Repairs require– Copy of material receipt(s) ,this form completed and notarized.
- Contactor Repairs require– Copy of repair invoice(s) and this form completed.
- Provide Citrus County Water Resources documented proof within 7 calendar days of notice or notification of leak that it is repaired.
- Have not received a leak adjustment within the last 24 months.

What's Next?

If you meet all the above requirements then complete the below portion, print out this form, attach all copies of repair receipt(s) and send to the address listed above. **Homeowner repairs require this form notarized.**

Account Number : _____ Customer Name(s): _____

Service Address: _____

Contact Number(s): _____ / _____

Date noticed Leak: _____ Date Leak was fixed: _____

Cause of Leak/ Comments: _____

(If you need additional space please use back of this form or attach another paper)

Please note:

- ◆ Processing Leak Adjustment Request is a lengthy process and can take up to 8 weeks to receive a decision.
- ◆ It is the customer's financial responsibility to pay their utility bills during this process.
- ◆ If needed, there are Partial Payment Arrangement forms available to be filled out at the address listed above.
- ◆ Currently Citrus County Water Resources does not have provisions for adjusting a bill due to filling a pool, watering new plant material or any other elected activities which result in a usage spike or unexplained usage spike.

Name of person completing form: _____ (Please print)

Signature of person completing form: _____

If homeowner repair this must be signed in front of a notary

(Notary Seal) _____ Produced proof of identification _____

_____ Personally known _____

_____ County of _____, Date: _____ of _____, 2017 Notary Signature: _____