



# 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 that within 7 calendar days of notice or notification of leak, 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 \_\_\_\_\_, 201\_\_ Notary Signature: \_\_\_\_\_