



# POOL FILL ADJUSTMENT REQUEST FORM

City of Palmetto. 516 8<sup>th</sup> Ave W. Palmetto, Florida 34221

[www.PALMETTOFL.ORG](http://www.PALMETTOFL.ORG) [BILLING@PALMETTOFL.ORG](mailto:BILLING@PALMETTOFL.ORG) PH 941.723.4570 FAX 941.723.4576

## **POOL FILL ADJUSTMENT POLICY (SEWER ONLY)**

### RESIDENTIAL CUSTOMERS ONLY

All customers must fully complete and submit an adjustment request application within 60 days from 1<sup>st</sup> or 2<sup>nd</sup> consecutive affected bill date.

Customers are eligible for an adjustment once per 12 month period. The consumption period to be adjusted cannot exceed two consecutive billing cycles. The average normal consumption must be below 12,000 gallons in order to qualify. Sewer caps at 12,000 gallons regardless of the water consumption amount for residential customers.

Once the application is received, the customer will be notified within 30-45 days of adjusted amount.

Any suspicious behavior, such as altering dates or falsifying documents, will result in adjustment requests being denied. Receipts or letters must be attached.

The average normal monthly used is calculated based on the customer's consumption history for the past 12 months. The difference is the adjusted amount and will be applied as a credit to the customer's account.

For new accounts, consumption from the next three billing cycles will be considered to determine normal monthly usage.

Payments must continue to be made by the due date to avoid disconnection of service.



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As a customer of the City of Palmetto, you may request an adjustment on the SEWER portion of your current water bill due to a recent pool fill or pool repair. Receipt or letter from a pool company must be attached at the time of submittal or this adjustment will automatically be denied. All customers must fully complete and submit an adjustment request application within 60 days from 1<sup>st</sup> or 2<sup>nd</sup> consecutive affected bill date.

ADJUSTMENT TYPE:  SEWER

CLASS: **RESIDENTIAL ONLY**

## CUSTOMER INFORMATION

Customer Name:		Account#:	
Customer is:	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Other_____	Contact#(s):	
Service Address:		Email Address:	

### DETAILS:

By submitting this application, I am aware that only one POOL FILL adjustment per 12 month period may be granted on my account. I have read and understand the adjustment policy. I also understand my responsibility of any balance on the account after the adjustment has been applied must be paid or my account will be subject to interruption of service and/or reported to the collection agency.

I certify that the above information is true to the best of my knowledge.

Customer Signature:	Date:
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## FOR OFFICE USE ONLY

\*\*\*\*\*PLEASE ALLOW 30-45 DAYS FOR PROCESSING\*\*\*\*\*

Customer Service Department:	<input type="checkbox"/> SUPPORT DOC(S) <input type="checkbox"/> COMMENTS IN UB	Date:
Finance Department:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date:
City Clerk:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date:

Customer Account#: \_\_\_\_\_

SEWER

Amount: \$ \_\_\_\_\_

Comments:

\_\_\_\_\_