

Customer Adjustment Request Form



Account Number: Date:

Please note, it is the customers responsibility to turn off autopay during the adjustment review process to avoid the total account balance be auto paid.

Sod Seed Water Leak Grass Plugs IRR Leak

Hernando County Utilities Department
 Phone: 352-754-4037
 15365 Cortez Blvd
 Brooksville, FL 34613
 E-Mail: HCUDCS@co.hernando.fl.us
 Fax: 352-754-4962

Service Charge Late Fee Deposit Other

Customer Information

Required Information

Customer Name:

Date of Work Performed:

Service Address:

Work Performed by:

Mailing Address:

Owner Check Box

State/Province:

Professional Installation Check Box

Zip/Postal Code:

Tenant Installed Check Box

Phone Number:

Photos Attached: YES NO

Main Contact:

Receipt Attached: YES NO

Email:

Cust. Signature:

Date:

NOTARIZATION REQUIRED: Repairs made by other than a licensed plumber or contractor require a notarized affidavit of the repair stating when and where the leak was repaired. Dated, paid receipts for parts necessary are to be included.

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,
 this _____ day of _____, _____(year) , by _____ (name of person acknowledging) .

 (Signature of Notary Public - State of Florida)
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
 Type of Identification Produced _____

Customer Statement for BILL DATE ____/____/____

For Billing Use:

CREDIT:

DEBIT:

Billing Tech:

Representative:

Supervisor: