

**COLUMBIA COUNTY, FLORIDA**

**Application for Utility Bill Leak Adjustment**

Owner/ Renter: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Period \_\_\_\_\_

Consumption \_\_\_\_\_ Amount Billed \_\_\_\_\_ : (please attach a copy of the County Bill)

Exact nature of the leak and location (this will be inspected by a County staff member)

Plumber name, address and materials used (attach bill or other means to verify repair).

I hereby certify under the penalty of perjury, under the laws of the State of Florida, that the above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Customer Signature                      Date

\_\_\_\_\_  
Notary:

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**County Use Only:**

\_\_\_Accidental Damage \_\_\_Natural Deterioration \_\_\_Abuse or Neglect \_\_\_Other

Explanation of cause of leak (over tighten PRY, water left running, unknown, etc. Leak repair is adequate \_\_\_\_\_ Leak repair is inadequate \_\_\_\_\_(explain)

Date: \_\_\_ Inspected by: \_\_\_\_\_

Water Adjustment Amount \$ \_\_\_ Sewer Adjustment Amount \$ \_\_\_\_\_

Date Adjusted: \_\_\_\_\_ Approved by: \_\_\_\_\_