



**RETURN THIS FORM TO:**  
 Utility Billing & Collections Division  
 900 East Strawbridge Avenue | Melbourne, FL 32901  
 Phone : (321) 608-7100  
 Website: [www.melbourneflorida.org](http://www.melbourneflorida.org)

## REQUEST FOR SEWER CREDIT

Name \_\_\_\_\_ Account & Customer Number \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**City Code Section 58-243 (d)** authorizes adjustments to sewer charges in certain instances where the excessive water consumption does not enter the sanitary sewer system. When excessive water consumption crosses 2 billing cycles, an adjustment may be authorized when corrective action is taken within ten (10) days of the date of the bill when excessive consumption was initially billed.

**REQUIREMENTS TO QUALIFY FOR A SEWER CREDIT:**

- 1) The water consumption must **exceed** the previous six months' average by a minimum of **ten thousand (10,000) gallons**.
- 2) The water consumption must **exceed** the previous six months' average by **100%**.
- 3) Written requests for sewer credit must be received within **sixty (60) days** of the date of the bill for which adjustment is requested.
- 4) Sewer credits are limited to **once** in a **twelve (12)** month period.
- 5) Attach a copy of repair bill, pool contract, or any other supporting documentation.

*This request cannot be processed until verification of the repair is provided.*

**SEWER CREDITS WILL NOT BE GRANTED FOR THE FOLLOWING REASONS:**

- 1) Broken or leaky water lines where the water enters the sanitary sewer system. ( i.e. leaky toilets or inside faucets)
- 2) Water used for irrigation.
- 3) Negligent use of water.
- 4) Undetermined use of water.

**THIS SECTION MUST BE COMPLETED AND SIGNED BY THE ACCOUNT HOLDER**

Date of repair or pool fill: \_\_\_\_\_

Describe the nature of the excessive water consumption.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Account Holder Date

**City of Melbourne Utility Billing & Collections Department use only** BILL #: \_\_\_\_\_

<b>Consumption:</b>	TOTAL _____	AVERAGE _____	EXCESS _____
Prepared by _____	Amount of adjustment _____		
	Late fee amount _____		
Approved by _____	Total adjustment _____		