



Town of Highland Beach
3614 S. Ocean Blvd.
Highland Beach, Florida 33487
Phone: (561) 278-4548
Fax: (561) 276-9829

Application for Utility Bill Adjustment

This application must be completed in full to be considered for a one-time courtesy adjustment of a higher than usual water bill. Further, to be considered for this courtesy adjustment:

- i. the water bill in question must not be from a billing period more than two billing cycles prior.
- ii. you must not have used a courtesy adjustment in the past, and
- iii. you must demonstrate that the water leak has been repaired (i.e. plumber's invoice).

Applicant Information

Applicant Name: _____ Street Address: _____
Phone Number: _____ Acct Number: _____
Utility Bill Date: _____ Bill Amount: _____

Required Information

Has a utility adjustment been awarded to this property in the past? Yes No
Has the leak been repaired? Yes No If yes, documentation of repair must be submitted.

The undersigned applicant hereby requests consideration of a one-time courtesy adjustment to provide financial relief of a higher than usual water bill which was the result of a water leak on the consumer's side of the meter. The applicant understands that if an adjustment is granted, they will not be eligible for consideration of future courtesy adjustments.

SIGNATURE OF APPLICANT: _____

DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO THE FINANCE DEPARTMENT AT THE ADDRESS OR FAX NUMBER ABOVE.

OFFICE USE ONLY:

Bill Amount Prior to Adjustment: _____

Adjusted Bill Amount: _____

Prepared by: _____ **Date:** _____

Finance Review: _____ **Date:** _____

Request Approved/Denied: _____

Comments: _____

Town Manager Signature: _____ **Date:** _____