



City of Gulfport Utilities

WATER/SEWER ADJUSTMENT REQUEST

**Adjustment MUST be requested within 90 days of leak for consideration.*

SUBMIT COMPLETED FORM TO:

City of Gulfport, FL
Attn: Utility Billing Dept
2401 53rd St. S.
Gulfport, FL 33707
(727) 893-1016
utilitiesinfo@mygulfport.us

For office use only:

Date Received: _____

Repair Invoice Provided: Yes No

Photos Provided: Yes No

Leak Credit Amount: \$ _____

Approval/Denial Date: _____

Approval Signature: _____

Customer Name:	Date:
Service Address:	Account #:
Email Address:	Daytime Contact Phone #:
Type of Leak: <input type="checkbox"/> Irrigation <input type="checkbox"/> Toilet <input type="checkbox"/> Pipe <input type="checkbox"/> Pool Fill Other: _____	
Date Leak Occurred:	Date Leak Repaired:

Required Documentation	
Copy of repair invoice attached (if repaired professionally) OR Copy of repair receipts attached (if repaired by owner/tenant or agent) + photos	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Brief description of leak and action taken to repair: _____

I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account may not be eligible for a credit, the review process is performed in the order the requests are received and credits issued will be reflected on my utility statement.

If your bill is too large to pay in one month, please contact the Utilities Department at (727) 893-1016 to discuss the possibility of payment arrangements.

I understand that payment may not be withheld without prior authorization; the payment must be current to avoid the late payment penalty and possible termination of services.

I have read and understand the above information.

Signature

Date