



CITY OF BELLEVIEW

City with Small Town Charm
www.belleviewfl.org

Finance Department

5343 SE Abshier Blvd.
Belleview, FL 34420
Office: 352-245-7021
Fax: 352-245-6532

SEWER ADJUSTMENT REQUEST FORM

This form is not a guarantee that a credit will be applied to your water bill. You will be notified by phone if the request cannot be granted or if additional information is needed.

Please continue to pay your water and/or sewer bill by the due date. Failure to do so may result in penalties and/or interruption in your service.

If approved, the adjustment will appear on next month's water bill approximately 4 weeks after the request was received.

Name: _____ Utility Account Number: _____

Service Address: _____ Phone Number: _____

Date Incident Occurred: ____ / ____ / ____

Date Incident Resolved/Repaired: ____ / ____ / ____

Incident Description (Select One):

- Filled a Pool
 - Underground Pipe Leak
 - Irrigation
 - Running Toilet
 - Other – Please Describe: _____
-

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF ANY REPAIR INVOICE, PURCHASE RECEIPT OR OTHER DOCUMENTATION REGARDING YOUR INCIDENT.