

City of Oviedo
WATER ADJUSTMENT REQUEST FORM

Name on Account: _____

Service Address: _____ Phone number: _____

Account Number: _____ Date: _____

Reason for Water Adjustment Request?

***** MUST include any attachments (letter from Plumber, repair receipts, etc.)*****

- PLEASE NOTE: *Per City Ordinance 54-2***
- Utility Customer over the previous 12 months before the accident must have an average usage of no greater than 1.5x their allotted water capacity.
 - Utility Customer must have been unaware, unknowing and/or did not have direct action to cause the accidents that lead to larger water consumption.
 - The flow resulting from the mishap must be greater than 2x the previous 12 months average consumption.
 - Utility Customer must provide evidence that the condition and/or cause of the accidents have been corrected.
 - Utility Customers shall have a minimum 6 months usage at the address of the mishap to be eligible for relief.
 - Utility Customers shall be limited to one (1) request every 24 months.
 - If the Utility Customer's Account is less than 12 months, 3 of the highest months will be used to calculate an average.

Customer Signature: _____

Customer Service Representative: _____