



**ADJUSTMENT REQUEST FORM**

320 Alexandria Blvd. Oviedo, Fl. 32765  
Phone: (407) 971-5535 Fax: (407) 971-5806  
Office Hours: Monday-Friday 8:00am-5:00pm

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ACCT. NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**MUST INCLUDE RECEIPT (without a receipt for repairs, your adjustment may not be approved).**

**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 accident have been corrected.
- ❖ Utility Customer shall have a minimum 6 months usage at the address of the mishap to be eligible for relief.
- ❖ Utility Customer 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.

REASON FOR WATER ADJUSTMENT REQUEST:

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

Customer Signature: \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_

**The City of Oviedo does not accept liability for transmission of this form with confidential information. Email over the internet is NOT a secure medium and privacy cannot be assured.**