

STATEMENT OF REPAIR

Account Number: _____ Today's Date: _____

Service Address: _____

What type of repair was made? (Be Specific) _____

Date of repair? _____

Who did repair? _____

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, in the best of my knowledge and behalf.

Executed this _____ Day of _____ 20____

Name (print) _____

Mailing Address _____

Signature _____

Notary Public Signature _____

Personally known _____ Product Identification _____

Type of Identification _____

Mail to:

Pinellas County Utilities
14 South Fort Harrison Ave. (2nd Floor)
Clearwater, FL 33756

FAX to: (727) 464-5061

Email to: UTLPlumbingLeakAdjustmentSubmittals@pinellascounty.org