



STATEMENT OF REPAIR

Submit a copy of a licensed plumber’s invoice or complete this form if your high bill is the result of a leak that has been repaired. You may qualify for a leak adjustment if you have had a leak repaired and the consumption during the billing period in which the leak was repaired or the prior billing period was at least two times or 20,000 gallons over the average bimonthly bill.

Account Number: _____ Today’s Date: _____

Service Address: _____

What type of repair was made? (Be Specific)

Date of repair? _____ Who did the repair? _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ___ day of _____, 20___, by

(Printed name of person making statement)

(Signature of person making statement)

(Signature of Notary Public- State of Florida)

(Name of Notary Typed, Printed or Stamped)

(NOTARY SEAL)

Personally Known ___ or Produced Identification ___

Type of Identification Produced _____

Please submit documentation to ONLY ONE of the following:

Mail:
Pinellas County Utilities
Attention: Adjustments
P.O. Box 1780
Clearwater, FL 33757-1780

Email: utlleakrepairdocs@pinellascounty.org * Receive-only email box address.
General account questions & concerns can be sent to Customer Service via custsrv@pinellascounty.org .
You may also contact us by telephone at (727) 464-4000 Monday – Friday, 8:00 a.m. – 5:00 p.m.