



CITY OF NORTH MIAMI
APPLICATION FOR WATER OR SEWER ADJUSTMENT

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Phone # \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Owner: [ ] Yes [ ] No Verified: [ ] Yes [ ] No

If no, Owner's Consent? [ ] Yes [ ] No Signature: \_\_\_\_\_ Verified? [ ] Yes [ ] No

Why are you requesting a credit: [ ] Leak [ ] Other Please explain: \_\_\_\_\_

For Leaks Only:

Where was leak located? \_\_\_\_\_

When and how was leak discovered? \_\_\_\_\_

What was done to prevent waste and when? \_\_\_\_\_

Is the leak repaired? [ ] Yes [ ] No If yes, attach the repair invoice and/or letter for the work done. Attached? Yes [ ] No [ ] \_\_\_\_\_

Has the repair been viewed by a City representative? [ ] Yes [ ] No If no, appointment date: \_\_\_\_\_

Have you request a credit for high consumption due to water leak in this calendar year? [ ] Yes [ ] No

I \_\_\_\_\_ hereby apply for a utility credit. I understand that this credit, if approved will disqualify me from any future credit due to a leak in the next twelve months. I have read and agree to the conditions presented with this application. I swear or affirm under penalties provided by law that the information presented by me on this application is true and correct.

Customer Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY:

Amt Billed \$ \_\_\_\_\_ Revised Bill \$ \_\_\_\_\_ Proposed CR \$ \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ UB Supervisor: \_\_\_\_\_ Financial Director \_\_\_\_\_ Date: \_\_\_\_\_

City manager review and approval of: [ ] utility credit or [ ] extenuating circumstances

[ ] Approved [ ] Denied Sign: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager

**FOR INTERNAL USE ONLY:**

**Utility Billing** – Account Delinquent?  Y  N If yes, Arrangement on file?  Y  N

Liens  Assessments  Violations  None Amount: \_\_\_\_\_ Type(s) & A/C Number(s)

Repairs Verified:  Y  N Average Consumption: \_\_\_\_\_ High Consumption: \_\_\_\_\_ Proposed CR \$ \_\_\_\_\_

Cyc1 - Amt Billed \$ \_\_\_\_\_ Revised Bill \$ \_\_\_\_\_ Cyc2 - Amt Billed \$ \_\_\_\_\_ Revised Bill \$ \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ UB Supervisor: \_\_\_\_\_  Approved  Denied

**RESUBMISSION**

Reason(s): \_\_\_\_\_

Sign: \_\_\_\_\_

UB Supervisor

Posted by: \_\_\_\_\_ Date: \_\_\_\_\_ Mail Date: \_\_\_\_\_