



**CITY OF CRYSTAL RIVER**

**WATER & SEWER BILLING OFFICE**

**123 NW HWY 19**

**CRYSTAL RIVER, FL 34428**

**PHONE NUMBER 352-746-4216 EXT 310**

**FAX NUMBER (352) 795-6351**

**REQUEST FOR  
ADJUSTMENT OF BILL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approximate date of incident: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for request:

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

**CUSTOMER PHONE NUMBER:** \_\_\_\_\_

Signature: \_\_\_\_\_ **Must Have Documentation:** \_\_\_\_\_

(Attach required documents)

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**Office Use Only:**

Account # \_\_\_\_\_ Avg. Consumption \_\_\_\_\_

Write off amount: Sewer: \_\_\_\_\_ Water: \_\_\_\_\_

Adjust bill to: Sewer Charges \$ \_\_\_\_\_ Water Charges \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Utility Billing Clerk

Approved: \_\_\_\_\_ Finance Director