



St. Johns County Board of County Commissioners

Utility Department – Customer Service

PO Drawer 3006, St. Augustine, FL 32085-3006

P: 904.209.2700 | F: 904.209.2718 | utilbill@sjcfl.us

LEAK ADJUSTMENT REQUEST

Date: _____ Account Number: _____-

Account Holder's Name: _____

Service Address: _____

Mailing Address:

Street: _____ Apt/Unit Number: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

****Please allow 2-3 months processing time for this request****

Date(s) of Leak: _____

Date of Repair: _____

Brief Description of Problem: _____

****Please attach copies of any repair documentation****

Any adjustment made will display as a credit on your water/sewer statement.

Customer Signature: _____