



# Wastewater Usage Charges Adjustment Request Form

Utilities Commission, City of New Smyrna Beach  
200 Canal Street, New Smyrna Beach, FL 32168  
ph: 386-427-1361

To be completed and signed by customer

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** UCNSB reserves the right to require additional documentation prior to consideration and is the final authority in the determination of adjustment requests. Limit of one adjustment per location per incident type (pool filling and new landscape only) each calendar year. Adjustments must be requested within 6 months of incident. Only wastewater usage charges may be adjusted. No adjustment is made for new landscaping installation if customer has irrigation meter on premises. No adjustment is made for running toilets or leaking faucets. Usage pattern during the timeframe in which the incident occurred must be abnormally higher than average for an adjustment to be issued.

**Pool Filling** \_\_\_\_ Date Filled: \_\_\_\_\_

A letter from the pool company is acceptable or fill in the information below:

Gallons used: \_\_\_\_\_ Water Meter Readings: Start \_\_\_\_\_ End \_\_\_\_\_  
Pool Shape: Rectangle \_\_\_\_ Round \_\_\_\_ Oval \_\_\_\_ Other \_\_\_\_  
Length: \_\_\_\_ Width: \_\_\_\_ Shallow End Depth: \_\_\_\_ Deep End Depth: \_\_\_\_

**New Landscape** \_\_\_\_ Date Installed: \_\_\_\_\_

Attach receipt from landscaping company or garden center here.

**Leak** \_\_\_\_ Location of leak in the home: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Date of Repair: \_\_\_\_\_

Attach copies of all of the following:

- Plumber Invoice or Receipt for Materials
- Pictures of Damage/Leak

Brief Description of Incident: \_\_\_\_\_

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