

Bagdad-Garcon Point Water System, Inc.
6368 Da Lisa Rd
Milton, FL 32583

REQUEST FOR WATER BILL ADJUSTMENT

Customer's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Reason for the high water bill: _____

Has the problem been corrected? _____ Yes _____ No

Account Number: _____ Date: _____

Customer Signature: _____

Was damage covered by insurance? _____

If yes, give amount reimbursed: _____

Section Below for Office Use Only:

1. Dollar amount of water bill that needs adjusting: _____
2. Number of gallons used on the high water bill that needs adjusted: _____
3. Date of last adjustment: _____
4. Average gallons of water used each month: _____
5. Dollar amount of average monthly water bill: _____
6. If the present water bill is adjusted, what would be the new amount: _____

DECISION OF THE BOARD OF DIRECTORS:

Approved _____

Rejected _____

Comments:

