Public Works and Environmental Services Department
WATER AND WASTEWATER SERVICES / BUSINESS OPERATIONS DIVISION
2555 West Copans Road • Pompano Beach, Florida 33069 • 954-831-3250

LEAK ADJUSTMENT CREDIT GUIDELINES

WATER AND WASTEWATER SERVICES ALLOWS A LEAK CREDIT ONCE PER 12 MONTHS

1. The included form must be completed and signed within 10 business days after notification by the Department to the customer that a possible plumbing problem may exist.
2. Attach copies of repair bill(s) and/or letter from the company or person completing the repairs. If self-repaired, include receipts for parts purchased.
3. All past due balances must be paid, in addition to a minimum of 10% of the high bills resulting from leak.
4. A payment arrangement must be established for the estimated 2-3 months while waiting for the leak adjustment to be processed.

IMPORTANT INFORMATION

- Possible access to your property may be needed.
- If repairs have not been completed, you will not receive an adjustment to your account.
- A leak adjustment credit request may take up to 90 days for completion. The Department will notify you regarding any discrepancies with this adjustment request.
- Any future invoices after the leak(s) have been repaired and consumption has returned to normal, in addition to the agreed upon payment arrangement, must be paid in full while leak adjustment credit approval is pending.

WATER AND WASTEWATER SERVICES POLICY REGARDING A LEAK ADJUSTMENT

- Leak adjustment credits are applied to the two invoices with the highest consecutive consumption above the average and rates are adjusted to the lowest allowable tier.
- Leak adjustments are considered once per 12 months.

BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
CUSTOMER PAYMENT CENTER
2555 WEST COPANS ROAD, BLDG. 1
POMPANO BEACH, FL 33069
(954) 831-3250 ● water@broward.org

APPLICATION FOR A LEAK ADJUSTMENT CREDIT

(1) APPLICANT INFORMATION

CUSTOMER NUMBER _____

LAST NAME: _____ FIRST NAME: _____

COMPANY NAME (if applicable): _____

REPRESENTATIVE'S (REP) NAME (if applicable): _____

SERVICE ADDRESS: _____ (SELECT) FL _____
STREET CITY STATE ZIP + 4

PHONE: HOME: _____ WORK: _____ MOBILE: _____

E-MAIL ADDRESS: _____

(2) REPAIR INFORMATION – TO AVOID A DELAY IN PROCESSING, MUST INCLUDE RECEIPTS FOR REPAIR OR PARTS PURCHASED

DATE OF REPAIR: _____ REPAIR COMPLETED BY: _____

DESCRIPTION OF REPAIR(S):

_____

_____

_____

_____

_____

_____

I UNDERSTAND THAT I MAY BE CONSIDERED FOR A LEAK ADJUSTMENT CREDIT ONLY IF ALL PROBLEMS CAUSING THE LEAK(S) HAVE BEEN REPAIRED AND CONSUMPTION HAS DECREASED BACK TO NORMAL.

X _____ **DATE** _____

FOR INTERNAL USE ONLY:

CUSTOMER NO.	UAZ	PREMISE NO.	PEACE PROCESS NO.	CSR INITIALS