

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

REQUEST FOR WATER BILL ADJUSTMENT

Customer's Name: _____

Account Number: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Reason for the high-water bill: _____

Has the problem been corrected? _____ If yes, date problem was corrected: _____

Was damage covered by insurance? _____ If yes, give amount that was reimbursed: _____

Customer Signature: _____ Date: _____

Section Below for Office Use Only:

1. Dollar amount of water bill that needs adjusting: _____

2. Number of gallons used on water bill that needs adjusting: _____

3. Dollar amount of average monthly water bill: _____

4. Average gallons of water used each month: _____

5. If the present water bill is adjusted, what would be the new amount: _____

6. Date of last adjustment: _____

DECISION OF THE BOARD OF DIRECTORS: **Approved** _____ **Rejected** _____

Comments: