

**FINANCE DEPARTMENT**

1600 Huntington Lane  
Rockledge, Florida 32955  
Phone: 321-221-7540  
Fax: 321-204-6356



**REQUEST FOR A SEWER / RECLAIMED WATER CREDIT**

**Requests must be received within 60 days of the date of the bill for which an adjustment is requested.**

**Sewer credits are not guaranteed, nor granted due to the following reasons: leaks where water enters the sanitary system (leaking toilets/faucets, etc.), water used for irrigation, negligent or undetermined use of water. Sewer credits are limited to a maximum of \$500.00.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: (CITY OF COCOA) \_\_\_\_\_

DATE OF POOL FILL\* : \_\_\_\_\_ OR DATE OF LEAK REPAIR\*\* : \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER: \_\_\_\_\_

\* A copy of a receipt of the repair materials, a plumber's bill, photos, and/or a pool contractor's invoice must be submitted. (Only one pool fill / sewer credit allowed per 12 month period.)

\*\* A copy of a plumber's bill, pictures and/or a contractor's invoice must be submitted.

**Please attach requested documents (see above) AND provide the consumption billing history for the three months prior to the pool fill / leak repair, along with the month the credit is asked for (4 full bills in total).**

**CONTINUE TO PAY YOUR BILL ON TIME to avoid service interruption. Any approved credit will appear on a subsequent bill.**

**FOR OFFICE USE ONLY:**

DATE	CONSUMPTION	CHARGE	AVERAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____