

BREVARD COUNTY UTILITY SERVICES

REQUEST FOR SEWER CREDIT

DATE _____

NAME _____

ADDRESS _____

CITY _____

TELEPHONE _____

ACCOUNT # _____

DATE OF POOL FILL _____

DATE OF LEAK _____

DATE OF REPAIR _____

SIGNATURE _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

*BREVARD COUNTY UTILITY SERVICES
BLDG. A SUITE 213
2725 JUDGE FRAN JAMIESON WAY
MELBOURNE, FL 32940*

*321-633-2092
321-633-2095 FAX*

*** THIS REQUEST MUST BE ACCOMPANIED BY A REPAIR BILL IF CREDIT IS DUE TO A LEAK.**

