



Charlotte County Utilities

25550 Harbor View Road, Suite 1
Port Charlotte, FL 33980-2503
Phone: 941.764.4300 Fax: 941-764-4557
E-Mail address: CCUSUPPORT@CHARLOTTEFL.COM
"To exceed expectations in the delivery of public services."

OWNER ADJUSTMENT REQUEST

As a customer of Charlotte County Utilities (CCU), you have the right to request a billing adjustment on your current bill in accordance with CCU's standard operating procedures. Only the Owner of the property, or his authorized agent, can request an adjustment by completing this Owner Adjustment Request form. Your payment or arrangement must accompany this form, along with any necessary supporting documents must be received in the CCU Business Services office for adjustment to be considered. Please be advised that you are responsible for any unpaid balance on your account. Submittal of this adjustment form does not prevent your account from further action in compliance with CCU's Credit and Collections policy. **Adjustments can only be made on Active Accounts.**

Please Print or Type Below

I, _____ as Owner or Authorized Agent of the property located at:
(Your Name)

(Property Address) _____
(Account Number)

hereby authorizes Charlotte County Utilities to review the aforementioned account for an adjustment.

Please select the reason for the adjustment request:

- | | |
|--|--|
| Leak | Unexplained Use |
| Initial Pool Fill | Pool Repair |
| Reconnection Fee (restricted to one a year) | Unauthorized Use Fee (restricted to one lifetime when in Phase II or higher) otherwise, no adjustment allowed |
| Premise Visit Fee | Penalty Fees |
| Meter Tampering (restricted to one a year) | Return Check Fee (restricted to one lifetime) |

Owner's Name

Owner's Phone Number

Owner's Mailing Address

Owner's Cell Phone Number (CCU authorized to use to contact)

Owner's Email Address

Authorized Agent's Phone Number

Authorized Agent's Fax Number

I am the Owner/Authorized agent for the property listed above. I am aware that there a maximum of two adjustments per calendar year and I am electing to use one of my adjustments for this purpose. I am aware that I am responsible for any unpaid balance on my account and that submittal of this form does not prevent my account from further collection action in compliance with CCU's Credit and Collections Policy. I have read this document in its entirety and acknowledge this by my signature below.

Owner's/Authorized Agent's Signature

Date

Charlotte County Utilities has developed an Identity Theft Prevention Program mandated by the Federal Trade Commission's Red Flags Rule which implements Section 114 of the Fair and Accurate Credit Transactions Act of 2003. 16 C. F. R. § 681.2. Due to the implementation of the Identity Theft Prevention Program all account adjustment requests must be submitted in writing along with required evidence of identity of the property owner or an authorized agent thereof. Each account may not exceed the maximum number of annual adjustments.

For Office Use Only:

Adjustment Removal: 1st _____ 2nd _____

Date adjustment completed: _____

By: _____
Customer Service Representative