Charlotte County Government
25550 Harbor View Drive
Port Charlotte, FL 33980
941.764.4300
941.764.4557 (Fax)

CHARLOTTE COUNTY UTILITIES 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. This form, and any necessary supporting documents must be received in the CCU Business Services office for adjustment to be considered. ***Return Item and Unauthorized Use Fees are not eligible for adjustments***

(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 circle the reason for the adjustment request;

- ***Leak***
- ***Initial Pool Fill***
- ***Reconnection Fee (restricted to one a year)***
- ***Premise Visit Fee***
- ***Meter Tampering (restricted to one a year)***
- ***Unexplained Use***
- ***Pool Repair***
- ***Unauthorized Use Fee (restricted to one a year; when***
- ***in Phase II or higher) otherwise, no waived allowed***

_____ _____
Owner's Name/ Mailing Address *Owners Phone Number*

_____ _____
Owner's Cell Phone Number (CCU authorized to use to contact) *Owner's E-mail Address*

_____
Authorized Agent's Phone Number (if applicable) (fax number)

_____ _____
Signature of Property Owner or Authorized Agent *Date*

I acknowledge that I am aware that there are a maximum of two adjustments per calendar year and am electing to use one of my adjustments for this purpose.

Adjustment/Penalty Removal: 1st ____ 2nd ____

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.

Office Use Only: Date adjustment completed: _____ By:_____
(Date) *Customer Service Representative*