

**CEDAR KEY WATER AND SEWER DISTRICT**  
**REQUEST FOR BILL ADJUSTMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name on Account if Different: \_\_\_\_\_

Physical Address of Account: \_\_\_\_\_

Description of water loss including dates over which loss occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you requested another adjustment over the prior 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

Submit:

Mail: CKWSD, P.O. Box 309, Cedar Key, FL, 32625.

Email: [alicia@ckwater.org](mailto:alicia@ckwater.org)

Hand: 510 3<sup>rd</sup> Street, Cedar Key.