



Notarized Statement of Repair

Please complete and submit this form along with the Billing Adjustment Request Form if you cannot supply the original repair invoice, receipts or pool permit as proof of repair(s) or pool filling.

Account/Customer Number:

Date:

Service Address:

Phone Number:

Repaired by:

Date of Repair:

Nature of Repair: *(you may attach a second sheet of paper if necessary)*

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

Name (Print)_____

Billing Address_____

Signature: (Must sign in front of notary)_____

State of Florida, County of_____. The foregoing instrument was acknowledged before me this _____ day of _____ 20_____ by _____. He/she is personally known to me or has produced _____ (type of ID) as identification and did (did not) take an oath.

Notary Stamp:

Notary Public, State of Florida Signature
My Commission expires:
Commission Number: