



City of Cape Canaveral
100 Polk Avenue
Cape Canaveral, FL 32920
Phone: (321) 868-1220 Fax: (321) 868-1248
www.cityofcapecanaveral.org

SEWER CREDIT REQUEST FORM

Date of Request: _____

Name of Account: _____

Account Number: _____

Service Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Alternate Email: _____

Reason for Request:

Attachments (please check all that apply):

- Proof of Leak – Technician/Repairer’s Verification
- Estimated Cost for the Repair or Actual Cost for the Repair – Bills/Invoices/or Receipts
- Current Bill Reflecting the High Charge
- Additional information

Customer Signature: _____ Date: _____

Mail completed form to: City of Cape Canaveral – Attention: Financial Services – 100 Polk Ave./PO Box 326 Cape Canaveral, Florida 32920 or email to: afs@cityofcapecanaveral.org + j.deleo@cityofcapecanaveral.org

For City Use Only

Received By: _____ Date Received: _____

Action Taken: _____