Excessive Usage Credit (EUC) Request Form

An Excessive Usage Credit ("EUC") is provided by Bay Laurel Center Community Developmental District (the "District) at the customer's request for customers meeting the following criteria:

a) The abnormally high usage for any one monthly reading cycle where the actual meter reading is four (4) times the average monthly usage for the past twelve (12) months for the customer at the specific service location (or in the event the service location has less than twelve (12) months' usage history, the average District-wide usage for the same customer classification); and
b) The total usage during the monthly reading cycle on the customer's billing in question exceeds fifty thousand (50,000) gallons; and
c) The abnormally high usage is not the result of an apparent or deliberate act of the customer such as pool filling, new landscape irrigation, frequent use of sprinklers, or loses left running; and
d) The EUC is limited to one (1) time within a three (3) year period on a specific account; and
e) The billing in question has occurred within the past six (6) months.

The EUC will be applied to all water commodity charges over the customer's average usage. The customer is responsible for paying the full cost of his average usage plus the lowest tiered rate for any additional gallons above his average use. The lowest tiered rate represents the minimum cost of treating Potable Water. In the event a customer has a subsequent high bill within the same three (3) year period, at the District Manager's discretion, the initial EUC may be reversed and substituted with the subsequent EUC.

Name(s) on the Account: _____ **Account Number:** _____

Service Address: _____
Street Unit City State Zip

Home Phone Number: _____ **Cell Number:** _____

Type of incident: _____

Date Occurred: _____ **Date repaired (if applicable):** _____

Description of incident and steps taken to repair (add additional pages if needed):

Be sure to attach copies of plumber's statements, receipts or statements of work completed when returning this form.

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Submittal of this form does not automatically guarantee that a credit adjustment is warranted on your account.

Allow for a minimum of two weeks to review submitted documentation and make a proper evaluation of your request. You will be notified by phone or letter if the request cannot be granted or if additional information is needed. Please note that you are still responsible for any amounts that may be due and owing to the District during this consideration time.

_____ _____
Signature of Bay Laurel Center CDD Account Holder(s) Date

Bay Laurel Center CDD
8470 SW 79th Street Road, Suite A, Ocala FL 34481
Phone: 352-414-5454 Fax: 352-414-5461

Effective: 01/26/2016 / REV (03/18)