



## Excessive Usage Credit (EUC) Request Form

To avoid the time and expense of an administrative hearing regarding a disputed abnormally high utility bill, an EUC may be provided by the District at the customer's request for customers that meet all of the following criteria:

- 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. In the event a residential service location has less than twelve (12) months' usage history, the average usage for the subdivision in which the meter resides will be utilized to calculate the consumption; or in the event a commercial service location has less than twelve (12) months' usage history, the calculated usage during the AFPI determination will be utilized; and
- The total usage during the monthly reading cycle on the customer's billing in question exceeds fifty thousand (50,000) gallons; and
- The abnormally high usage is not the result of an act of the customer such as filling a pool, new landscape irrigation, frequent use of sprinklers, improper setting of irrigation timer, or hoses left running. In the event the abnormally high usage is caused by damaged irrigation system components, evidence of repairs shall be provided to the District prior to consideration.
- The EUC is limited to one (1) time within a three (3) year period on a specific account; and
- The billing in question has occurred within the past one hundred eighty (180) days.

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 their average usage plus the lowest tiered rate for any additional gallons above their 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 management'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

**Primary Number:** \_\_\_\_\_ **Secondary 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.***

---

---

---

**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 79<sup>th</sup> Street Road, Suite 3, Ocala FL 34481  
Phone: 352-414-5454 Fax: 352-414-5461

Effective: 01/26/2016 / REV (03/18, 01/19, 2/19)