



# 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.

Customer/Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Repair: \_\_\_\_\_ Repaired by: \_\_\_\_\_

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: