

JESSE NELSON
MAYOR

VICKIE GAINER
CITY MANAGER

KEVIN OBOS
CITY ATTORNEY



COMMISSIONERS
BRANDON ALDRIDGE
PAT PERNO
JAMIE WARRICK
JUDY VANDERGRIFT

ACCOUNT HOLDER AGREEMENT

I, _____, the account holder at _____
ACCOUNT HOLDER'S NAME ACCOUNT HOLDER'S ADDRESS

In Lynn Haven, Florida, do hereby request my water meter be _____ **Re-read** _____ **Tested for Accuracy**. I understand there will be a fee of **\$50** for each service requested.

However, if it is determined that the bill is incorrect, the City will adjust the account appropriately, **which may result in an increase or decrease in the amount owed.**

If the meter has been misread, the \$50 fee will be waived.

If the meter is tested for accuracy and it is **NOT** within five percent of being accurate, the meter shall be replaced, if necessary, and the \$50 fee will be waived.

By signing this agreement, I agree to the terms as set forth above and according to Ordinance 880 of the Lynn Haven Code of Ordinances.

Account Holder's Signature

Date

Customer Service Representative's Signature

Date