



City of Pinellas Park
5141 78th Ave
PO Box 1100
Pinellas Park, FL 33780-1100

Sewer Leak Affidavit

Today's Date: _____

Date of Leak: _____ to _____
(Start of Leak) (End of Leak)

Cause of Leak: _____

Leak Repaired By: _____

Driver's License #: _____

I do hereby attest that the information contained in this statement is true and correct to the best of my knowledge. All necessary repairs associated with this leak have been completed.

Signature: _____

Name: _____

Address: _____

Account #: _____

Email: _____

Please return completed form to the City of Pinellas Park Utility Billing Division at:
www.pinellas-park.com/CustomerService or utilitybilling@pinellas-park.com.