



UTILITIES CUSTOMER SERVICE DEPARTMENT
7405 Forest Oaks Blvd., Florida 34606
Phone: (352) 754-4037
Fax: (352)-688-5012
www.hernandocounty.us/utils

Statement of Repair

Account Number _____ - _____ Date _____

Service Address _____

Phone Number _____

Nature of Repair _____

Date of Repair _____

Repaired by _____

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 behalf.

Name (print) _____

Billing Address _____

Signature _____

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 Public, State of Florida

My Commission expires:
Commission Number: