



City of Port Wentworth

7224 GA Highway 21 | Port Wentworth, Georgia 31407
Phone-912-964-4379 | Fax- 912-966-7429

Billing Adjustment Request Form

PLEASE PRINT LEGIBLY

Date: _____

Name on Account: _____ Account #: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____

Date the Leak Was Noticed: _____

Date the Leak Was Repaired: _____

Description of Repairs: _____

Signature

| For Office Use Only: | |
|-------------------------------------|--------------------------------|
| Amount of current water bill: _____ | Amount of adjusted bill: _____ |
| Credit given for water: _____ | Credit authorized by: _____ |
| Credit given for sewer: _____ | Date credit given: _____ |
| Total credit given: _____ | |