



City of Port Wentworth

305 South Coastal Highway | 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: _____