

GEORGETOWN COUNTY WATER AND SEWER DISTRICT

P. O. BOX 2748
GEORGETOWN, SC 29442
843-546-8408

REQUEST FOR BILLING ADJUSTMENT

The number of adjustments allowed is limited to ONE within a twelve-month consecutive period. If you request an adjustment for a leak, large or small, you may not be eligible for an additional adjustment in the future. No action can be taken to process your adjustment until all information is completed and received by GCWSD. The balance due will typically be higher than your usual bill amount.

Name: _____ Account number: _____

Service address: _____ Daytime phone: _____

Date you first noticed leak: _____ Date of repair: _____

Location of leak: _____

Please explain the nature of the leak and describe the repair: _____

Repair was made by: _____

*****PLEASE ATTACH COPIES OF RECEIPTS FOR MATERIALS AND/OR LABOR*****

Please provide any information below (or on an attachment) that will assist GCWSD in evaluating your request: _____

Signature: _____ Date: _____

FAX TO: 843-546-5836

Mail to: P O Box 2748 Georgetown SC 29440

Drop off: Georgetown Office at 4145 Highmarket St. or

The Pawleys Island Office at 456 Clearwater Dr., Pawleys Island SC

Additional questions: 843-546-8408