Review of High Bill Request Form

*Please allow at least **3 business days** for the process & review of your request.*

Date of Request: _____ High Bill Date: _____

Account#:_____ Customer's Name:_____

Address of Property:_____

Person Making Request:_____

Phone#: _____ Email Address: _____

Billing Issue *(Please explain the issue thoroughly)*:_____

Please attach any supporting documents you feel would be beneficial in the review process.

Forward completed form to Dena Cutchens, Utility Billing Clerk at City Hall or via email at dcutchens@springfieldga.org

02.2021