



## **Review of High Bill Request Form**

*Please allow at least **5 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Diagnostic Requested (Initial One or Both):

\_\_\_\_\_ Bucket Test – I understand I will be charged \$15.00 for this diagnostic if no malfunction of the meter is found.

\_\_\_\_\_ Usage Report Review – I understand I will be charged \$25.00 for this diagnostic if no malfunction of the meter is found and I understand that findings of irrigation use or water leaks does not warrant a waiver of this fee.

Billing Issue (Please explain the issue thoroughly): \_\_\_\_\_

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

**Forward completed form to the Customer Service Clerk  
at City Hall or via email at [billing@springfieldga.org](mailto:billing@springfieldga.org)**

Approved 2024 Fee Schedule