

SEWER CREDIT REQUEST FORM  
TOWN OF GEORGETOWN

PRINTED NAME:

SIGNATURE:

ACCOUNT NUMBER:

ADDRESS:

PHONE:

DATE:

NATURE OF PROBLEM:

FOR DEPARTMENT USE ONLY – UPDATED 5-1-2020

RESULTS:

CREDIT APPROVED SIGNATURE AND DATE:

CREDIT NOT APPROVED SIGNATURE AND DATE:

CREDIT POSTED TO ACCOUNT SIGNATURE AND DATE:

CREDIT POSTED REVIEW SIGNATURE AND DATE: