

CITY OF WINTER GARDEN



Utility Billing

300 W Plant St • Winter Garden, FL 34787

407-656-4100 • 407-656-1279 (f)

e-mail: customerservice@cwgd.com

CUSTOMER REQUEST FOR BILL ADJUSTMENT – POOL FILLING/WATER LEAK

Account Identification:

Utility Account No.: _____

Phone: _____

Account Holder's Name: _____

Service Address: _____

Date leak fixed or pool filled: _____

Reason for adjustment request (brief description): _____

Please Note: Bill adjustments are only available on the sewer portion of the water bill. No adjustments will be given for the water used portion of the bill.

Please submit request along with one of the following: letter from Pool Company with address and date of pool filled, dated receipt for work done to repair leak or receipt for parts to fix leak, along with a brief explanation of leak and date fixed. We can accept pictures of break, leak or repair to show proof if no receipt is available.

Office use only:

Average usage: _____ Credit amount: _____