



**BRUNSWICK-GLYNN COUNTY
JOINT WATER & SEWER COMMISSION**

1703 Gloucester Street
Brunswick, GA 31520

Telephone: (912) 261-7100 – Fax: (912) 261-7179
or send it as a scanned attachment and email it to
info@bgjwsc.org

***Please review the information below carefully. APPLICATION MUST BE
COMPLETED IN FULL BEFORE SUBMITTED.***

Dear Customer:

Please fill in the form below and sign. It is important that you send or fax this form along with your repair receipt to **Attn: Adjustment Review**.

DATE: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RE: **POOL CREDIT REQUEST**

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

I am requesting a pool credit for an initial, one time, pool fill upon completion of a new pool. I have attached all supporting documentation.

Pool Capacity is: _____ gallons or the dimensions of the pool are:

Length _____ Width _____

Shallow End Depth _____ Deep End Depth _____

The pool was filled on _____.

Contact Telephone Number _____

Date

I understand that upon inspection by the Brunswick-Glynn County Joint Water & Sewer Commission, I may be considered for a credit adjustment only on the sewer portion of my bill.*

Customer Signature

Date

**Please allow 2-3 month's normal billing cycles for any adjustment to appear on your bill. However, you are responsible for paying your utility bill during this time.*