WATER/SEWER REVIEW BOARD REQUEST FORM

The information below must be filled out in its entirety. Ensure that the correct deposit is remitted, prior to forwarding this complaint/dispute to the Water/Sewer Charges Review Board.

Guidelines for required deposit(s):

* For a Request for Review filed after the NET DATE, but before the shut-off notice has been generated, a 25% deposit is required.
* After the SHUT-OFF date has been generated, a 50% deposit is required.
* If the service has been SHUT-OFF, but does not require reinstatement, a 50% deposit is required. The total balance must be paid in full.
* If the service has been SHUT-OFF and requires reinstatement, a 100% deposit is required.

Is Requestor:  □ Owner  □ Tenant

Account #: ____________________________

Name: ________________________________
Service Address: _______________________
Daytime Phone #: ______________________
Mailing Address: ________________________
City/State/Zip: _________________________

Complaint: (Attach letter with additional information if necessary)

What are you requesting be done to account?

Signature ____________________________ Date ____________________

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