



Date of Request: \_\_\_\_\_

## 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.
- \* If the service has been **SHUT-OFF** and **requires** reinstatement, a **100%** deposit is required. The total balance must be paid in full.

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