UTILITY BILLING REVIEW REQUEST FORM

Customers shall be contacted within twenty-one days of claim submittal.

CUSTOMER INFORMATION

OWNERS NAME: __________________________ TENANT NAME: __________________________

CUSTOMER ID: __________________________ LOCATION ID: __________________________

AFFECTED ADDRESS: ____________________________________________________________

PREFERRED CONTACT METHOD:

PHONE: __________________________ EMAIL: __________________________

UTILITY BILLING TYPE: [ ] WASTEWATER (SEWER) [ ] WATER [ ] STORMWATER

PROPERTY TYPE: [ ] RESIDENTIAL

[ ] SINGLE [ ] DUPEX [ ] TRIPLEX [ ] APARTMENT [ ] OTHER

[ ] COMMERCIAL

[ ] INDUSTRIAL [ ] PERMITTED INDUSTRIAL

REASON FOR REQUEST

(DESCRIBE REASON FOR REQUEST, BE SPECIFIC, AND PROVIDE DETAILS. INCLUDE A COPY OF RECENT BILL IF POSSIBLE.)

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