



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