



Formal Appeal of Billing

Customer Name: _____

Date: _____

Account Number: _____

Service Address: _____

Phone Number: _____

Reason for Appeal:

Documentation Attached

Customer Signature

For Office Use Only

Received By: _____

Date Received: _____

Previous Reading: _____

Current Reading: _____

Bill Date: _____

Reread: Complete Reading: _____

A. Initial Appeal

*B. Delinquent Notice Review

GM Decision: _____

GM Signature: _____

Referred to Board? _____

**Meeting Date: _____

Board Decision: _____

*Requires Documentation

**Customer Must Be Present at the Meeting