

COMPLAINT REVIEW FORM

Customer Name:				
Service Address:			Acct. No.	
Phone:			Today's Date:	
Amount questioned:	\$		Bill Date:	
Is Bill:	<input type="checkbox"/> Current <input type="checkbox"/> Past Due			
Was Problem discussed with Water Authority personnel?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, who:				
Nature of Complaint:	<i>Please check one and state the nature of problem.</i>			
<input type="checkbox"/> High Bill <input type="checkbox"/> Billing Dispute <input type="checkbox"/> Payment Issue <input type="checkbox"/> Other				
What do you consider a fair and reasonable resolution?				

OFFICE USE ONLY				
Date:				
Final Decision:	<input type="checkbox"/> Request Denied	<input type="checkbox"/> Approved Relief:	\$	

**Attach receipts for plumbing work with this form to qualify for an adjustment.
Incomplete forms will be returned to the sender.**