



HEARING REQUEST FORM
DISPUTED WATER BILLS

*Please complete the top portion of this form and return it to the City address listed, attention Water Department. Hearing will only be heard for disputed water bills. This form is not for the reasons receiving an extension or payment plan for your account or matters unrelated to the charge for water service.

Residents Portion

NAME: _____

ADDRESS OF PROPERTY: _____

DATE: _____ DAYTIME PHONE NUMBER: _____

REASON FOR REQUEST (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH FORM)

BY SIGNING THIS REQUEST, I AM CONFIRMING THE ABOVE FACTS TO BE TRUE AND CORRECT.

Residents Signature: _____ Date: _____

City Portion

HEARING DATE: _____

HEARING OFFICER/TITLE: _____

Hearing Findings:

Resolution:

Hearing Officer Signature: _____ Date: _____