



Rate Appeal

Customer Information

Name _____ Account # _____

Service Address _____

Mailing Address _____

City, ST Zip _____

Phone # _____

Reason for Appeal (circle one)

Water Leak Billing Error New Customer Other (Explain Below)

Documentation Included (check and attach all that apply)

Water readings from 12 consecutive months (3 if new customer) Invoices/receipts from repair of water leak Statement of billing error from water provider

I acknowledge with signature below that the information provided in this appeal is accurate. I understand a successful appeal will become effective for the month the appeal was submitted and is not retroactive.

Signature _____ Date _____

District Use Only

Appealed Average _____ Months Used _____

Requested Average _____ Used _____

Difference _____

Appeal Decision Approved Denied

Determination _____

Signature _____ Date _____