



Platte County Regional Sewer District

RATE APPEAL

INCOMPLETE FORMS WILL NOT BE REVIEWED!

DEADLINE: Rate Appeals will be accepted up to January 1st for the year, which the rate is to become effective or 45 days after the date of notification of rates, whichever is later.

Name: _____ Account # _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (day) _____ (evening) _____

1. Address of property to be considered: _____

2. List evidence that should be taken into consideration in a rate adjustment for the above listed property _____

3. Attach copies of evidence presented. PCRSD is required to figure rates based on average water usage. To avoid high usage months your bill has been figured using three winter months as provided by the water company serving your service area. **An actual water reading report provided by the Water Company or actual water bill stubs for the last twelve (12) months must be presented in order to adjust rates.**

APPLICANT'S SIGNATURE: _____ DATE _____

RATE BEING APPEALED: \$ _____

Previous Usage _____	<u>DISTRICT USE ONLY</u>	
WATER USAGES PRESENTED FOR REVISION OF RATE:	Month	Usage
	_____	_____
	_____	_____
	_____	_____
	TOTAL	_____
	NEW AVERAGE	_____
ACTION TAKEN:	APPROVED	DENIED
		RETURNED FOR MORE INFORMATION
New Rate Approved \$	_____	
DATE: _____	APPROVAL SIGNATURE _____	