



## WATER PAYMENT APPEAL FORM

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Telephone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Appeal to the Rollingwood Utility Commission: 1) Please identify the months that you are contesting. 2) Please provide the reason for dispute. 3) Please provide 12 months of history. 4) Provide any other information to support appeal.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*By signing this form, you are promising to appear before the next Utility Commission meeting.*