

**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			
Please explain in detail the nature of the issue:			

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