Water & Sewer Department

BILL DISPUTE FORM

IDENTIFYING INFORMATION (PLEASE PRINT ALL SECTIONS OF THIS FORM)

1. Account Number (as it appears on your water bill) [ ]
2. Customer Name_____
3. Mailing Address_____
4. Home Tel ( ) _____ Daytime Tel ( ) _____
5. Cell ( )_____ Email_____
6. Contact information of authorized representative of the Owner (For Commercial & Tenants):

   _____

7. Type of property (check one):
   [ ] Residential [ ] Commercial [ ] Industrial [ ] Multi-
   [ ] Family Mixed Use [ ] Other (List Type): _____
8. Your property has: (check all that apply):
   [ ] Lawn Sprinklers [ ] Pool [ ] Fountain [ ] Garden
   [ ] Toilets (List #): _____ [ ] Residents (0-2) [ ] Residents (3-5) [ ] Residents (6+)

GROUNDS FOR DISPUTE (PLEASE PRINT ALL SECTIONS OF THIS FORM)

[ ]

Amount in Dispute

Categories (check all that apply)

[ ] **High Bill** **[ ] Estimated /Low Bill** **[ ] Late Fee/Charges**
[ ] **Refund** **[ ] Other (List Type):** _____

Type of Dispute

[ ] Complaint (check if this is your first filing for this issue)
[ ] Initial appeal (check if you would like to appeal the response to your complaint)

Briefly state the grounds or basis upon which you believe the water and/or sewer charges are incorrect. Attach additional sheets or documentation, if necessary.

_____
_____
_____
_____
_____
_____
_____

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me any laws against making and filing of false instruments.

_____ _____
Signature of the Owner Printed Name of the Owner

_____
Date

Submit Completed Form to: Town of Mount Pleasant Water & Sewer Department, 119 Lozza Drive, Valhalla, NY 10595

FOR INTERNAL USE ONLY:

Receive Date : ___/___/___ **Received. By:** _____ **Water District:** _____

Meter Read Date: ___/___/___ **Read By:** _____ **Read Taken (circle):** **Estimated / Actual / Other**

Insp. Date: ___/___/___ **Insp. By:** _____ **Update By:** _____

Water & Sewer Department

Instructions on completing this form

1. This form may be completed by a tenant but must provide the *owner or representative contact information*.
2. Complete the entire form, including the account information and complaint description. Describe the issue as fully as possible.
3. Sign and date the form
4. Attach any additional documentation if desired. All additional documentation will retained by Town
5. If you would like copies of the additional documentation, please make them before submitting the form. Town will only provide copies of the original form as a receipt of your complaint

Instructions on submitting this form

1. You may submit this form at Town Water Department
2. You may fax this form to (914) 831-2679
3. You may mail this form to Town Water Department.

Bill Dispute Inquiry
Town of Mount Pleasant Water Dept.
119 Lozza Drive
Valhalla, NY 10595

Please use this extra space for writing…… (Attach additional paper as needed)

About the written complaint process

You have every right to formally dispute your water bill. The Department takes pride in delivering their consumers the most accurate bill for the water they have consumed. The Department will investigate each complaint and provide a response back within 14 days of receipt of the complaint. Thank you for your patience in this process.