



# CITY OF TUMWATER UTILITY BILLING DISPUTE FORM

Account # \_\_\_\_\_

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_ Billing Period \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Customer Address: \_\_\_\_\_

Amount Disputed: \$ \_\_\_\_\_ Staff Recommendation \$ \_\_\_\_\_

Customer's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Must attach copies of bill or parts to repair

Staff Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Staff Recommendation:

Approval \_\_\_\_\_

Denial \_\_\_\_\_  
\_\_\_\_\_  
(Staff Signature)

Arbitrator:

Approval \_\_\_\_\_

Denial \_\_\_\_\_  
\_\_\_\_\_  
(Arbitrator)

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