CITY OF ROCHESTER Water/Sewer Billing Appeal Application

Office Use Only: Received:

1.	Date of Appea1:	-	
2.	Property Owner's Name:	_ Account #:	
3.	Billing Address:		
4.	Service Location:	Zip Code	
5.	Owners Representative:		
6.	6. Owners Representative's Signature:		
7.	Phone #:	Cell:	
8.	Email Address:		
	(Agendas and Decision Letters will be emailed).		
9.	Billing Period that is being appealed is from	to	
10.	Abatement is being requested for:		
	a. How many units of waterx 6.41= \$		
	b. How many units of sewerx 8.17=\$		
	C. Water & Sewer Department Fees of: \$		
	Total \$_		
11. Explanation of Appeal Request:			
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12. Do you dispute the meter reading used to determine your units of usage?Yes No (circle one)If yes, why?

13. Do you claim that there was a leak that caused higher than normal units of usage?

Yes No (circle one)

If yes, did the water enter the sewer system?

If yes, has the leak been repaired?_____

Who made the repair?

Has proof of the repair been attached to this appeal form?

14. If your appeal is denied, will this cause you financial hardship for which you will seek assistance from the City? If so, explain:

Please note:

- 1. Per Water Ordinance 260-19A and Sewer Ordinance 200-26A the appeals must be submitted in writing before the next billing for these services.
- 2. The Utility Advisory Board reviews abatement appeals at its monthly meetings which occur on the second Monday of every month at 5:30 P.M. at the DPW 209 Chestnut Hill Road.
- 3. Abatement Appeal Applications must be received by the <u>27th</u> of the month to be placed on the following month's UAB agenda.
- 4. Customer's seeking abatement are encouraged, but not required, to appear before the UAB when their abatement appeal is reviewed.
- 5. Customers seeking an abatement will pay the uncontested average bill for both water and sewer prior to the due date as specified on the invoice.

Mailing Address Department of Public Works 209 Chestnut Hill Road Rochester, NH 03867 waterbilling@rochesternh.gov