

CITY OF BELOIT GENERAL BILLING CITY CLERK-TREASURER 100 STATE STREET - BELOIT, WISCONSIN 53511 (608) 364-6663

## **REQUEST TO REVIEW CITY FEES AND CHARGES**

NSTRUCTIONS: This form may be utilized to reque omplete this form and submit your request to the		
IAME:		
ADDRESS:		
ITY:	STATE:	ZIP CODE:
ELEPHONE:	<u></u>	
	*********	
IVOICE TYPE/CHARGE:	DATE OF SERVICE:	
ARCEL NUMBER:	PARCEL ADDRESS:	
EASON FOR REQUESTING REVIEW OF C	HARGES:	
hereby acknowledge that I am responsib otification that the fee or charge has bee	· ·	
ignature		Date
FOR OFFICE USE ONLY		
Date reviewed by Department :	Bv:	
Findings:   Request Denied	, ,,	-
Comments:		
<b>Distribution of form:</b> Sent to ☐ Account	ing   Complainant on	Date Name of Employee