

REQUEST TO REVIEW CITY FEES AND CHARGES

INSTRUCTIONS: This form may be utilized to request review of a city fee or charge. You must contest a charge or fee within 30 days of invoice date. Please complete this form and submit your request to the Police Department location listed above.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

INVOICE TYPE/CHARGE: _____ DATE OF SERVICE: _____

PARCEL NUMBER: _____ INCIDENT ADDRESS: _____

REASON FOR REQUESTING REVIEW OF CHARGES:

ATTACH COPY OF INVOICE IF AVAILABLE

I hereby acknowledge that I am responsible for payment of the contested invoice unless and until I receive written notification that the fee or charge has been changed or removed from my account.

Signature

Date

FOR OFFICE USE ONLY

Date reviewed by Department : _____ By: _____

Findings: Request Denied Request Approved Amend charge to \$ _____

Comments: _____

Distribution of form: Sent to Treasury Complainant on _____ by _____

Date Name of Employee