

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. Please complete this form and submit your request to the Department of Public Works location listed above.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

INVOICE NUMBER: _____ **DATE OF SERVICE:** _____

PARCEL NUMBER: _____ **PARCEL ADDRESS:** _____

REASON FOR REQUESTING REVIEW OF CHARGES:

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 Accounting Complainant on _____ by _____
Date Name of Employee