CARMICHAEL WATER DISTRICT

7837 FAIR OAKS BOULEVARD
CARMICHAEL, CALIFORNIA 95608
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TELEPHONE: (916) 483-2452
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BILLING DISPUTE APPEAL FORM

Name of Account-Holder Requesting Appeal: _____

Service Address:_____Account #: _____ - _____

Mailing Address: _____ City/State/Zip: _____

Email Address: _____ Phone #: _____

Disputed Statement Number: _____ Disputed Dollar Amount: $_____

Briefly state the grounds or basis upon which you believe the charges on your statement are incorrect. Attach documentation if necessary.

CRITERIA FOR APPEAL:

This form must be completed in its entirety and must be received within thirty (30) days of the disputed bill's due date, otherwise the right to appeal is waived. Upon receipt a courtesy hold will be placed on the account for the billing charges in dispute only. All undisputed prior balances and future charges will be due and owing by each respective due date, or subject to late fees and collection activity as listed in the District's current Fee Schedule. The account-holder shall be notified in writing of the decision rendered within ten (10) business days of the date the District renders a decision.

By signing this form for appeal, the account holder understands and agrees to the criteria for appeal as detailed in the District's "Billing Dispute Criteria and Appeal Process".

_____ _____

Account-Holders Signature Date

For District Use Only:

Approved ____ Denied ____ Reviewed By: _____ Date: _____

Comments: _____