WATER PAYMENT APPEAL FORM

Name on Account: _____

Service Address: _____

Account Number: _____

Amount Due: _____

Telephone Number: _____-_____-_____

Email Address: _____

Reason for Appeal to the Rollingwood Utility Commission:

_____
_____
_____
_____
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_____
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_____
_____
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_____

Signature: _____ Date: _____

By signing this form, you are promising to appear before the next Utility Commission meeting.