



# CUSTOMER DISPUTE FORM

_____ Location Code (Borough office/web site/fax)
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**IDENTIFYING INFORMATION (PLEASE PRINT ALL SECTIONS OF THIS FORM)**

1. Account Number (as it appears on your water bill)
2. Customer Name \_\_\_\_\_
3. (If known) Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Home Tel (    ) \_\_\_\_\_ Daytime Tel (    ) \_\_\_\_\_
6. Cell (    ) \_\_\_\_\_ Email \_\_\_\_\_
7. Contact information of authorized representative of the owner (with Letter of Authorization), if representative is filing the application or will represent the owner at a review meeting:
  - Name \_\_\_\_\_
  - Mailing Address \_\_\_\_\_
  - Home Tel (    ) \_\_\_\_\_ Daytime Tel (    ) \_\_\_\_\_
  - Email \_\_\_\_\_
8. Service address (location of property), if different than the owner's mailing address: \_\_\_\_\_
9. Type of property (check one):
 

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Land
<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Other (List Type): _____		

**GROUND FOR DISPUTE (PLEASE PRINT ALL SECTIONS OF THIS FORM)****Categories (check all that apply)**

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*Amount in Dispute*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> High Bill          | <input type="checkbox"/> Estimated Bill             | <input type="checkbox"/> Interest Charges         |
| <input type="checkbox"/> Remittance/Refunds | <input type="checkbox"/> Program Application Denial | <input type="checkbox"/> Other (List Type): _____ |

**Type of Dispute**

- Complaint (check if this is your first filing for this issue)
- Initial appeal (check if you would like to appeal the DEP BCS response to your complaint)

Briefly state the grounds or basis upon which you believe the water and/or sewer charges are incorrect. Attach additional sheets or documentation, if necessary.

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*I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.*

\_\_\_\_\_  
Signature of the Owner

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of the Owner

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Check here if Letter of authorization is on file. Authorized representative must file a notarized Letter of Authorization

Submit Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055

**FOR INTERNAL USE ONLY:**

Intake Date: \_\_\_/\_\_\_/\_\_\_

Taken By: \_\_\_\_\_

Unit: \_\_\_\_\_

Referral # \_\_\_\_\_

Scan Date: \_\_\_/\_\_\_/\_\_\_

