



# CUSTOMER DISPUTE FORM

Location Code  
(Borough office/web site/fax)

## IDENTIFYING INFORMATION (PLEASE PRINT ALL SECTIONS OF THIS FORM)

- Account Number (as it appears on your water bill)
- Customer Name \_\_\_\_\_
- (If known) Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_
- Mailing Address \_\_\_\_\_
- Home Tel ( ) \_\_\_\_\_ Daytime Tel ( ) \_\_\_\_\_
- Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_
- 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 \_\_\_\_\_
- Service address (location of property), if different than the owner's mailing address: \_\_\_\_\_
- 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)

*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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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: \_\_\_/\_\_\_/\_\_\_

## FASON POU RANPLI FÒM SA A

1. Se **pwopriyetè** a ki dwe ranpli fòm sa a oswa yon **Reprezantan Otorize**. Si ou pa gen otorizasyon pou gen aksè nan kont sa a, ou dwe depeze yon Lèt Otorizasyon bokòtè DEP
2. Ranpli tout fòm lan, mete enfòmasyon sou kont lan ak deskripsyon plent lan ladan. Dekri pwoblèm lan nèt nan mezi ou kapab
3. Siyen fòm lan epi mete dat sou li
4. Mete nenpòt dokiman anplis si ou vle. DEP pral kenbe tout dokiman anplis yo
5. Si ou ta renmen jwenn kopi dokiman anplis yo, tanpri fè yo anvan ou soumèt fòm lan. DEP pral sèlman ba ou kopi fòm orijinal la yo pou di li resevwa plent ou an

### Fason pou ranpli fòm sa a

1. Ou ka soumèt fòm sa a nan nenpòt biwo minisipal BCS
2. Ou ka voye fòm sa a pa faks nan (718) 595-5647
3. Ou ka voye fòm sa a pa lapòs nan Biwo Sèvis Kliyantèl (Bureau of Customer Services, BCS)

Customer Complaint  
DEP/Bureau of Customer Services  
P.O. Box 739055  
Flushing, NY 11373-9055

**Itilize espas anplis sa a pou ekri.....**

(Mete yon fèy papye anplis si sa nesèsè)

### Konsènan pwosesis plent alekri a

Ou gen dwa pou depeze yon kontestasyon fòmèl pou yon bòdwo dlo ak bòdwo dlo ize ou konteste bòkote Depatman Pwoteksyon Anviwònman an. Ou dwe soumèt kontestasyon yo nan kat (4) lane apre dat bòdwo a. DEP pral bay yon repons nan 90 jou apre li fin resevwa plent lan.

Ou ka li tout direktiv kontestasyon an sou <http://www.nyc.gov/html/dep/pdf/partviii.pdf>. Pou jwenn yon kopi fòm sa a pa lapòs, rele Sant Apèl Sèvis Kliyantèl nou an nan (718) 595-7000, lendi rive vandredi, soti 9:00 a.m. rive 6:00 p.m.