



CUSTOMER DISPUTE FORM

Location Code
(Borough office/web site/fax)

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)

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 wastewater 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: ___/___/___



HOW TO COMPLETE THIS FORM

1. This form must be completed by the **owner** or an **Authorized Representative**. If you are not authorized to access this account, you must file a Letter of Authorization with DEP
2. Complete the entire form, including the account information and complaint description. Describe the issue as fully as possible
3. Sign and date the form
4. Attach any additional documentation if desired. All additional documentation will be retained by DEP
5. If you would like copies of the additional documentation, please make them before submitting the form. DEP will only provide copies of the original form as a receipt of your complaint

How to submit this form

1. You may submit this form at any BCS borough office
2. You may mail this form to: DEP/BCS Customer Service, P.O. Box 739055, Elmhurst, NY 11373-9055
3. You may email this form to: customerservice@dep.nyc.gov; in the subject field note if this is the first time you are Disputing this issue by stating (Dispute) or if this is an Initial Appeal of the DEP response you have received, by stating (Initial Appeal)
Please note, DEP no longer accept fax submissions.
4. You may submit a dispute online using your My DEP Account. To learn more, visit nyc.gov/dep

Please use this extra space for writing.....

(Attach additional paper as needed)

About the written complaint process

You have the right to file a formal dispute of a disputed water and wastewater bill with the Department of Environmental Protection. Disputes must be submitted in writing within four years of the date of the bill in question.

DEP will make best efforts to render a written decision within 90 days of receipt of the complaint.

The regulations and appeal process can be viewed online at <https://www1.nyc.gov/assets/dep/downloads/pdf/pay-my-bills/customer-service/dispute-resolution-process-overview.pdf>, or a copy can be mailed to you by calling 718-595-7000, Monday, 8:00am to 7:00pm; Tuesday to Friday, 8:00am to 6:00pm; Saturday, 9:00am to 12:00pm.