



OFFICE OF CUSTOMER CARE AND BILLING SERVICES
PHONE: 404.546.0311

INSTRUCTIONS ON COMPLETING THIS FORM

You have the right to file a formal dispute for water and sewer bill with the Department of Watershed Management. The purpose of this form is to communicate any discrepancies that you may feel need to be looked into further by the department.

You will receive acknowledgement communication upon receipt of your formal inquiry. Once a resolution is reached your account will be updated, and you will receive updated correspondence informing you of the decision. If you are dissatisfied with the resolution, you have the right to appeal within 7 days of receiving notification.

Instructions on submitting this form:

1. You may fax this form and supported documents to 404.221.9518 or mail it to 651 14th Street NW, Atlanta, GA 30318. ATTN: Customer Resolutions
2. For help with this, please call Customer Service at 404.546.0311

DISCLAIMER:

1. Adjustment requests MUST include the repair invoice/statement from plumber.
2. You may ONLY appeal once your request has been through the full formal account review request process and a decision has been made on the request.
3. Note that the city of Atlanta does NOT adjust for toilet/faucet leaks (unless the customer is proven to be hearing impaired). You can find what the city does adjust for as well as other info regarding disputes in the City Ordinance Code located at www.municode.com, Section 154-26.



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ACCOUNT REVIEW REQUEST FORM

Today's Date _____ Account Number _____

Customer Name _____ Last Four of SSN: _____

Property Address _____

Phone _____ Email _____

Type of property (check one):

___ Residential ___ Commercial or Industrial ___ Other (List Type): _____

REASON FOR REVIEW REQUEST

(PLEASE COMPLETE ALL SECTIONS OF THIS FORM)

Bill(s) in Dispute? _____

Amount in Dispute? \$ _____

Categories (check all that apply)

___ High Bill ___ Estimated Bill ___ Late Fees/Penalties ___ Adjustment Request

___ Appeals Hearing Request ___ Other (List Type): _____

Level of Dispute

___ **STEP 1: Account Review Request** (check if this is your first filing for this issue)

___ **STEP 2: Appeals Hearing Request** (check if you have been received a decision regarding your account review request and would like to appeal the decision)

Adjustment is Requested (A leak was found and has been repaired. Please check type of leak.)

___ Underground ___ Irrigation System ___ Toilet/Faucet ___ Meter

___ No Leak Found or Other type (please list) _____

Note: If you are requesting an adjustment, you will need to attach the repair statement/invoice for the repairs that were made to correct the leak.

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