



City of
BELOIT, Wisconsin

**Contested/Protested
City Services /Charges**

DEPARTMENT OF PUBLIC WORKS • 2351 SPRINGBROOK COURT • BELOIT,
WISCONSIN 53511 (608) 364-2929

NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

INVOICE TYPE: _____

PARCEL NUMBER: _____

DATE OF SERVICE: _____

PARCEL ADDRESS: _____

REASON FOR CONTESTING/PROTESTING CHARGES:

I do acknowledge that if the City of Beloit does find that these charges are still valid and owing after a review of the circumstances listed above, that I will be responsible for paying the charges levied above against my property.

Date _____ Signature _____

***YOU HAVE 30 DAYS FROM THE DATE OF THE INVOICE TO CONTEST THESE CHARGES.**

FOR OFFICE USE ONLY:

Department to review complaint: _____

Department findings:

Date _____ Signature _____

*Upon completion of your findings return one copy to treasury and mail copy to complainant