

## REQUEST TO REVIEW CITY FEES AND CHARGES

INSTRUCTIONS: This form may be utilized to request review of a city fee or charge. You must contest a charge or fee within 30 days. Please complete this form and submit your request to the Department of Public Works location listed above.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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INVOICE TYPE/CHARGE: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ PARCEL ADDRESS: \_\_\_\_\_

REASON FOR REQUESTING REVIEW OF CHARGES:

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

I hereby acknowledge that I am responsible for payment of the contested invoice unless and until I receive written notification that the fee or charge has been changed or removed from my account.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Date reviewed by Department : \_\_\_\_\_ By: \_\_\_\_\_

Findings:  Request Denied  Request Approved  Amend charge to \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Distribution of form: Sent to  Treasury  Complainant on \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Employee