CITY OF FORT BRAGG
FORT BRAGG WATER WORKS

416 N FRANKLIN STREET
FORT BRAGG, CA 95437
PHONE: (707) 961-2825 FAX: (707) 961-2913

FINANCE DEPT. USE ONLY

CUSTOMER # _____

DATE RCVD_____

RCVD BY _____

COMMERCIAL/RESIDENTIAL

APPROVED/DENIED

ADJUSTMENT AMOUNT

_____

REVIEWED BY _____

REQUEST FOR ADJUSTMENT AND/OR REVIEW OF UTILITY BILL

ADDRESS: _____

NAME: _____

MAILING ADDRESS:_____

CITY/ STATE/ZIP: _____ **TELEPHONE:** (_____)_____

Please explain in detail the reason for your adjustment request. PLEASE SEE BELOW FOR MUNICIPAL CODE REGULATIONS REGARDING ADJUSTMENTS.

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A. Requests for investigation of disputed bills shall be filed in writing with the city for consideration by the city manager or his/her designee. A disputed account will not be accepted as justification for nonpayment of a bill, and service will be subject to discontinuance unless **payment in full is made pending a settlement of the dispute**.
B. If the decision is in favor of the consumer, the consumer's water account shall be adjusted accordingly.
C. If the decision is against the consumer, the consumer shall be afforded an appeal to the city council. Such appeal must be taken within (15) days of notification of the decision.
D. A reasonable appeal fee shall be charged as set by city council resolution.
E. All appeals shall be filed with the city clerk together with the required filing fee.
F. The city clerk shall notify the consumer of the date, time and place when the city council shall hear the appeal and, after hearing, of the decision of the city council.

(Ord. 864 §10, 2007.)

Signature _____ Date _____