

## SAN JOSÉ MUNICIPAL WATER APPEAL FORM

## INSTRUCTIONS

Customers must call the City Customer Contact Center at (408) 535-3500 to initiate a bill review.

To appeal a bill review decision please complete this form and submit to City within 15 days of decision date. The City will provide a response either by phone, email, or mail.

Failure to receive a bill that was mailed to the current mailing address on file does not waive the obligation to pay bill by the due date.

The customer is responsible to provide updates to the City when mailing address changes.

Consumption due to leaks at the customer's premise do not qualify for adjustment. It is the customer's responsibility to keep premise equipment in good condition.

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Name	Email	Daytime Pho	ne	Date	
Service Address					
Mailing Address (if different than	service address)				
Customer Number		Account Number			<u> </u>
Invoice number		Bill Date			
Amount of Appeal					
Results of Bill Review					
Reason for Appeal					
Please email or send this form al	ong with all supporting docu	mentation to the address below. The Cit	will provide a respor	nse once investigation is co	ompleted.
		mentation to the address below. The Cit	will provide a respor	nse once investigation is co	ompleted.
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