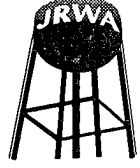


Jefferson Regional **WATER** Authority

P.O. Box 369 • Miamisburg, OH 45343

(937) 866-0002 • FAX (937) 866-3315

www.jrwa.org



APPLICATION FOR HEARING

PROPERTY OWNER PLEASE COMPLETE SECTION I, II & III
RETURN COMPLETED FORM TO OFFICE

Section I

DATE: _____

NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

(If different than service address)

DAYTIME
PHONE # _____

DATE OF
BILL IN DISPUTE: _____

Section II

REASON FOR DISPUTE:

Water Leak: _____ (ATTACH COPY OF REPAIR BILL)

Other: _____

Would you like to present your case at next Board Meeting? _____
(You are not required to be present for board to review your case)

Section III

WHAT RESOLUTION ARE YOU SEEKING? _____

SIGNATURE

FOR INTERNAL USE ONLY

Section IV

1. Disputed Bill Month: _____
2. Has bill been paid?: _____ (Date) _____ (Amount) _____
3. Leak Investigation Work Order # _____
4. Meter Test Results: High Flow _____ % Medium Flow _____ % Low Flow _____ %
5. Applicable Section of Rules & Regulations and/or Policy Guidelines _____
6. Account Records Attached () Yes () Not Applicable
7. Notes: _____

DATE SENT TO ISSUES COMMITTEE FOR RESOLUTION: _____

APPROVED: () YES () NO

DATE: _____ RESOLUTION: _____