No._____-_____

City of Solon

Sewer Billing Review Request

The Sewer Billing Review Board has been designated by Ordinance 1046.041 to review user disputes and complaints regarding sanitary sewer charges on your City of Solon sewer bill. Please fill out the information below and follow the instructions to submit your review request.

Date of Request: _____/_____/_____

Account Number: _____*_____

Name: _____

Service Address: _____

Phone Number: (_____) _____-_____

E-Mail: _____@_____

Signature: _____

Please check the issue(s) that most closely describes the nature of your dispute:

- ☐ Abatement of Penalty
- ☐ Adjustment on Bill
- ☐ Other
- ☐ Request for Payment Plan (list reason, amount per month and total months requested)
- ☐ Leak Adjustment (please fill out additional Leak Adjustment Form)

In the following section, ***please describe the nature of your dispute or complaint and what resolution you are seeking from the Sewer Billing Review Board.*** In order to expedite your request, please attach any documentation that the Sewer Billing Review Board would find pertinent to your request. Failure to provide sufficient documentation could result in a return of your request form and a delay in your review.

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Internal Use Only: Date of Agenda:_____ Date of Action:_____

(Final action taken by Review Board)

_____	_____	_____
Water Reclamation Director	Finance Director	Mayor's Designee

No._____-_____

SEWER BILLING REVIEW REQUEST
LEAK ADJUSTMENT FORM

Sewer Customers can apply for review of their sewer accounts which have been affected by a water leak. To be eligible for this review, you must have repaired the leak and provide proof of the leak repair (receipts for materials or services related to the repair). Upon receipt of all the required materials, your application will be placed on the next Sewer Billing Review Board Agenda. The Sewer Billing Review Board will consider all submitted documentation, consumption flow patterns and payment history . If your leak adjustment is approved, your charges will be modified and you will receive an amended bill.

NAME ON ACCOUNT:	ACCOUNT #:
SERVICE ADDRESS:	
DATE LEAK WAS REPAIRED:	

THE APPLICANT MUST COMPLETE THE FOLLOWING:

1. Attach a copy of the repair invoice(s) or receipts(s) OR

If no receipts(s) is available, attach a detailed note written by the person responisble for the repair (this includes the homeowner)

2. In order to process your leak adjustment in a timely manner, please clearly state what is being asked of the board to approve

DESCRIBE THE REASON(S) FOR THE LEAK ADJUSTMENT: (Attach all supporting documentation)

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SIGNATURE OF APPLICANT(S):	DATE:

FOR INTERNAL USE ONLY

_____ APPROVED *COMMENTS:*

_____ DENIED

DATE OF AGENDA:_____

DATE OF ACTION:_____

FINANCE DIRECTOR	*WATER REC. DIRECTOR*	*MAYOR'S DESIGNEE*