

**CITY OF ROCHESTER**  
**Water/Sewer Billing Appeal Application**

Office Use Only: Received: _____
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1. Date of Appeal: \_\_\_\_\_
2. Property Owner's Name: \_\_\_\_\_ Account #: \_\_\_\_\_
3. Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Service Location: \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Owners Representative: \_\_\_\_\_
6. Owners Representative's Signature: \_\_\_\_\_
7. Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_
8. Email Address: \_\_\_\_\_
9. Billing Period that is being appealed is from \_\_\_\_\_ to \_\_\_\_\_
10. Abatement is being requested for:
  - a. How many units of water \_\_\_\_\_ x 4.49= \$ \_\_\_\_\_
  - b. How many units of sewer \_\_\_\_\_ x 6.11= \$ \_\_\_\_\_
  - C. Water & Sewer Department Fees of: \$ \_\_\_\_\_
  - Total \$ \_\_\_\_\_

11. Explanation of Appeal Request:

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\_\_\_\_\_

12. Do you dispute the meter reading used to determine your units of usage?

Yes No (circle one)

If yes, why?

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13. Do you claim that there was a leak that caused higher than normal units of usage?

Yes No (circle one)

If yes, did the water enter the sewer system? \_\_\_\_\_

If yes, has the leak been repaired? \_\_\_\_\_

Who made the repair? \_\_\_\_\_

Has proof of the repair been attached to this appeal form? \_\_\_\_\_

14. If your appeal is denied, will this cause you financial hardship for which you will seek assistance from the City? If so, explain:

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***Please note:***

- 1. The Utility Advisory Board reviews abatement appeals at its monthly meetings which occur on the second Monday of every month at 5:30 P.M. at City Hall.***
- 2. Abatement Appeal Applications must be received by the 20<sup>th</sup> of the month to be placed on the following month's UAB agenda.***
- 3. Customer's seeking an abatement are encouraged, but not required, to appear before the UAB when their abatement appeal is reviewed.***
- 4. Please return completed appeal form to:***

**Water & Sewer Billing Office  
19 Wakefield St.  
Rochester, NH  
03867**