WASTEWATER PAYMENT APPEAL FORM

Name on Account: _____

Service Address: _____

Account Number: _____

Amount Due: _____

Telephone Number:_____-_____-_____

Email Address: _____

Please include documentation supporting the leak repair (emails, receipts, etc.)

Reason for Appeal to the City of West Lake Hills Wastewater Department:

_____
_____
_____
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_____

Signature:_____ Date: _____

By signing this form, you are promising to appear at a Wastewater Commission meeting should one be scheduled for your case.