

CUSTOMER DISPUTE FORM

_____Location Code (Borough office/web site/fax)

1. Account Number (as it appears on your water bill) 2. Customer Name 3. (If Known) Borough 4. Mailing Address 5. Home Tel (IDENTIFYING INFORMATION (PLEASE PRINT ALL SEC	TIONS OF THIS FORM)	
2. Customer Name 3. (If known) Borough 4. Mailing Address 5. Home Tel ()	·		
3. (If known) Borough	· · · · · ·		
4. Mailing Address 5. Home Tel ()			
5. Home Tel ()			
6. Cell ()			
7. Contact information of authorized representative of the owner (with Letter of Authorization), if representative is filling the application or will represent the owner at a review meeting: • Name • Mailing Address • Home Tel () Daytime Tel () • Email 8. Service address (location of property), if different than the owner's mailing address: 9. Type of property (check one): Residential Commercial Important Im	5. Home rei ()	Daytime Fel ()	
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Home Tel (
Service address (location of property), if different than the owner's mailing address: 9. Type of property (check one):	-		
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9. Type of property (check one): Residential Commercial Industrial			
GROUNDS FOR DISPUTE (PLEASE PRINT ALL SECTIONS OF THIS FORM) Categories (check all that apply) [] High Bill [] Remittance/Refunds [] Program Application Denial [] Other (List Type):		ent than the owner's mailing address:	
Categories (check all that apply) [9. Type of property (check one): [] Residential [] Commercial [] Mixed Use [] Other (List Type):		
Categories (check all that apply) [
Submit Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Titled Name of the Owner Submit Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055 Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055			
Type of Dispute [] Complaint (check if this is your first filing for this issue) [] Initial appeal (check if you would like to appeal the DEP BCS response to your complaint) Briefly state the grounds or basis upon which you believe the water and/or sewer charges are incorrect. Attach additional sheets or documentation, if necessary. I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments. Signature of the Owner	[] High Bill [] Estimated Bill	[] Interest Charges	
Complaint (check if this is your first filing for this issue) Initial appeal (check if you would like to appeal the DEP BCS response to your complaint)		ion Denial [] Other (List Type):	
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FOR INTERNAL USE ONLY:			
Intake Date:/	FOR INTERNAL USE ONLY:		
	Intake Date:/ Taken By: Referral # Scan Date: /	Unit:	



Instructions on completing this form

- 1. This form must be completed by the **owner** or an **Authorized Representative**. If you are not authorized to access this account, you must file a Letter of Authorization with DEP
- 2. Complete the entire form, including the account information and complaint description. Describe the issue as fully as possible
- 3. Sign and date the form
- 4. Attach any additional documentation if desired. All additional documentation will retained by DEP
- If you would like copies of the additional documentation, please make them before submitting the form. DEP will only provide copies of the original form as a receipt of your complaint

Instructions on submitting this form

- 1. You may submit this form at any BCS borough office
- 2. You may fax this form to (718) 595-5647
- 3. You may mail this form to DEP Bureau of Customer Service (BCS)

Customer Complaint
DEP/Bureau of Customer Services
P.O. Box 739055
Flushing, NY 11373-9055

Please use this extra space for writing	(Attach additional paper as needed	

About the written complaint process

You have the right to file a formal dispute of a disputed water and sewer bill with the Department of Environmental Protection. Disputes must be submitted in writing within four years of the date of the bill in question.

DEP will provide a response within 90 days of receipt of the complaint.

You may read the appeal guidelines in full at http://www.nyc.gov/html/dep/pdf/partviii.pdf. For a copy of this form by mail, call our Customer Service Call Center at (718) 595-7000, Monday to Friday from 9:00am to 6:00pm.