

City of Chino Hills Utility Billing Appeal Request Form

UTILITY BILL INFORMATION

Today's Date: _____ Account Number: _____

Customer Name: _____

Property Address: _____

Phone: _____ Email: _____

Type of property (check one):

Residential Commercial or Industrial Other (list Type): _____

REASON FOR APPEAL REQUEST

Bill(s) in Dispute? _____

Amount in Dispute? \$ _____

Categories (check all that apply)

High Bill Estimated Bill Late Fees/Penalties Adjustment Request
 Appeals Hearing Request Other (list Type): _____

Level of Dispute

STEP 1: Appeal Request (Check if this is your first filing for this issue)
 STEP 2: Appeals Hearing Request (Check if you have received a decision regarding your Appeal Request and would like to appeal the decision)

Adjustment Being Requested (Please check type)

Meter Trash Other Type (please list) _____

Briefly state the basis upon which you believe the water, trash and/or sewer charges are incorrect. Attach any supporting documentation, if necessary

If your appeal is denied, will this cause you financial hardship? If so, explain:

To be considered, this completed form must be received by the Finance Department within 30 days of the bill date. The completed form can be delivered via mail, drop-box, or by email at utilities@chinohills.org.

THIS PORTION FOR CITY USE

Appeal Received By:	Date:
Appeal Reviewed By:	Date:
Appeal Approved By:	Date:
Comments:	