



Stamford Water Pollution Control Authority User Charge Appeal Form

Date: ____ - ____ - ____ (MM/DD/YYYY)

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Address of Connection: _____

If different from above

I/We do hereby appeal the above amount and request that the Stamford WPCA research my account as I/We believe the amount charged is excessive based on the following:

Reason(s) for appeal (check all that apply):

- No Sewer Hook Up
- Excessive Charges Based on Consumption Usage
- Owner Deceased (Death Certificate Attached)
- No Occupancy at Property for Billing Period
- Other (Please Explain with Attachment)

It is understood that by submitting this appeal there is no assumption that the charges will be waived or reduced and that until such time as this dispute is brought to a concluding decision, the above charges are hereby deemed as valid and due the Stamford WPCA.

Signed: _____

Date: _____

Received By: _____

Stamford WPCA Representative

Date: _____

Stamford WPCA, One Harbor View Ave., Stamford, CT 06902
Phone: 203-977-5832 Fax: 203-977-2745

