



## REQUEST FOR SANITATION SERVICE CHARGE ADJUSTMENT

**DATE:** \_\_\_\_\_

TO WHOM IT MAY CONCERN:

THIS PROPERTY IS CURRENTLY BEING BILLED IN ERROR FOR THE SANITATION SERVICE CHARGE.

**REASON FOR REQUEST:**

NUMBER OF UNITS VACANT \_\_\_\_\_

IS THE VACANT UNIT(S) COMMERCIAL \_\_\_\_\_ OR RESIDENTIAL \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_  
PRINT

**SIGNATURE:** \_\_\_\_\_

IT IS HEREBY WARRANTED THAT THIS STATEMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE AND COMPLETE STATEMENT MADE IN GOOD FAITH.

**SERVICE ADDRESS:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

MAILING INFORMATION, IF DIFFERENT FROM ABOVE:

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

THIS REQUEST IS VALID FOR 1 YEAR FROM DATE OF SUBMISSION. CUSTOMER IS RESPONSIBLE FOR SUBMITTING THIS FORM EVERY YEAR THAT CONDITION IS VALID.

This form can be faxed to the Mail Resolving at (504) 585-2455 or mailed to Mail Resolving, Sewerage and Water Board, 625 St. Joseph Street, Room 124, New Orleans, LA 70165.