



REQUEST FOR SANITATION SERVICE CHARGE CREDIT

DATE: _____

To Whom It May Concern:

THIS PROPERTY HAS BEEN BILLED IN ERROR FOR THE BILLING PERIOD OF _____ TO _____. The Sanitation portion has been paid in full. Please refund the overpayment.

REASON FOR REQUEST:

UNITS VACANT _____ COMMERCIAL _____ RESIDENTIAL _____

MULTI UNITS _____ TO COMMERCIAL _____ 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 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.