



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.