## CITY OF WILMINGTON Account Review Request Information Sheet

Your sewer rates are determined in part by the amount of water consumed on your property, and sometimes sewer bills can be affected by problems with your water system. If you think your sewer bill is too high because of a problem that caused water usage that did not go down the drain or enter the sewer system, per Wilmington Codified Ordinances 923.07 the Board of Control may review your account to see if it can be adjusted.

## 923.07 ADJUSTMENTS AND APPEAL.

In the event that inequities are believed to exist, by reason of the application of the schedules set forth in Section 923.04 or 923.05, to a particular property owner or resident, because of unusual circumstances, as where water as charged by the Waterworks Department is largely used on the premises and does not go into any stream or into the sewerage system, or other unusual circumstances, such property owner or resident, may request an adjustment in writing on a form prepared by the Director of Public Service, and the same shall be considered by the Board of Control, which is authorized to make necessary adjustments in the charge against such property owner or resident where an inequity is found to exist.

(Ord. 0-16-81. Passed 12-15-16.)

Please submit your request for review of charges in writing, using the Account Review Request Form. Your request must contain all the information listed on the form, along with the documentation. Sorry, we cannot accept telephone requests for account reviews.

In cases of water leaks where the water did return to the sewer system, such as a toilet or other interior fixture leaks, we cannot issue a credit.

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## CITY OF WILMINGTON UTILITY BILLING ACCOUNT REVIEW FORM

In order for us to review your charges, you must submit this form together with supporting documentation to:

**EMAIL:** <u>rfair@wilmingtonoh.org</u>

MAIL TO: Utility Billing Supervisor City of Wilmington 69 N. South Street Wilmington, OH 45177

ALL INFORMATION REQUESTED BELOW (INCLUDING DOCUMENTATION) IS REQUIRED.

Customer Name:	
Complete Premise Addre	ss:
Complete Mailing Addres	SS:
Daytime Telephone No.	Email:
City of Wilmington Accou	unt #:
Reason for the Request (i.e. due to leak, broken hose bib, outdoor fixtures, underground leak, etc.	
Where the problem occurred:	
When the problem occurred:	
Where the water drained:	
Who performed the repa	ir:
When problem was repai	ired:

Please attach documentation of occurrence and any additional information (copy of repair bill from plumber or responsible party (if applicable), photos, etc.)