



CITY OF JOHNSTOWN
Treasurer' Office
 PO Box 160, 33-41 E. Main Street
 Johnstown, New York 12095
 (518) 736-4017

- OFFICE USE ONLY -	
Date Received: _____ / _____ / _____	
Signature: _____	

REQUEST FOR ADMINISTRATIVE REVIEW OF WATER / SEWER BILL

GLOVERSILLE - JOHNSTOWN WASTEWATER TREATMENT FACILITY & CITY OF JOHNSTOWN WATER DEPARTMENT

APPLICANT INFORMATION		
Name / Company	Phone: _____	
Contact Person	Phone: _____	
Street Address	State	Zip
Email: _____		

ADDRESS OF PROPERTY FOR WHICH REVIEW IS REQUESTED	
Address _____	
<u>TYPE OF PROPERTY</u>	
<input type="checkbox"/> Single family	<input type="checkbox"/> Commercial
<input type="checkbox"/> Two family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Multi-family	

Please provide the following information for the sewer/water bill to be reviewed and for the five (5) sewer/water bills immediately preceding the bill to be reviewed:	
PERIOD ENDING DATE _____ / _____ / _____ bill for review _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____	WATER USAGE IN CUBIC FEET _____ _____ _____ _____

You MUST attach a copy of the sewer/water bill to be reviewed and have the Water Department complete and/or verify the information requested concerning the previous bills as requested in the previous box of this form. Please describe the unusual circumstances or reasons why an adjustment of the sewer/water bill is requested.

Describe actions taken to correct the problem:

APPLICANT CERTIFICATION:

I certify under the penalty of the law that this request and all attachments were prepared under my direction or supervisors and are true under the penalties of perjury. I understand that all statements made by me in connection with this request are subject to investigation and verification. I am aware that a false statement made herein is punishable as a class a misdemeanor pursuant to section 210.5 of the New York Penal Law.

That by signing this request form, I understand that I am hereby consenting to granting access to my premises for physical inspection upon reasonable notice by any city official or representative of the Gloversville Johnstown Joint Wastewater Treatment Facility and/or City of Johnstown in order to investigate the substance or basis of this request for administrative review. Failure to provide the aforesaid requested access will result in a denial of said request for administrative review of sewer/water bill.

_____ Date: _____