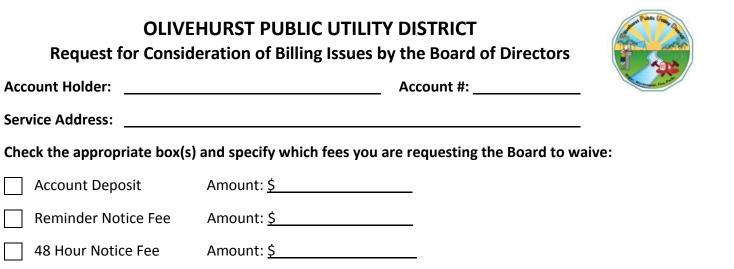
OLIVEHURST PUBLIC UTILITY DISTRICT

Request for Consideration of Billing Issues by the Board of Directors



Check the appropriate box(s) and specify which fees you are requesting	; the Board to waive:
Account Deposit	Amount: <u>\$</u>	
Reminder Notice Fee	Amount: <u>\$</u>	
48 Hour Notice Fee	Amount: <u>\$</u>	
Penalty	Amount: <u>\$</u>	
Delinquency Fee	Amount: <u>\$</u>	
Drought Surcharge	Amount: <u>\$</u>	
	Total: <u>\$</u>	
Justifying Information to Su	oport Your Request:	
Signed:	Date	e:
Account Holder Contact Inform	nation:	
In case you are unable to atter to contact you regarding the B	nd the Board Meeting, please provide with your oard's decision.	preferred method for us
Email Address:		
Phone Number:		
US Mail (provide mailing addre	ess):	

Notice: This request will be considered at a public Board Meeting. This document may become a part of the Board meeting agenda which is accessible to the public by request or via the District website.

Business Office

Resolution of the Issue and Feedback to Customer:		
Board Action Taken:		
Customer was contacted by Phone, US mail, Email.		
Date: Initials:		
Appropriate adjustments made to the account: Date: Initials:		
Notes added to the account: Date: Initials:		