

# OLIVEHURST PUBLIC UTILITY DISTRICT

## Request for Consideration of Billing Issues by the Board of Directors



Account Holder: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Check the appropriate box(s) and specify which fees you are requesting the Board to waive:

Account Deposit Amount: \$ \_\_\_\_\_

Reminder Notice Fee Amount: \$ \_\_\_\_\_

48 Hour Notice Fee Amount: \$ \_\_\_\_\_

Penalty Amount: \$ \_\_\_\_\_

Delinquency Fee Amount: \$ \_\_\_\_\_

Drought Surcharge Amount: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Justifying Information to Support Your Request: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Holder Contact Information:

In case you are unable to attend the Board Meeting, please provide with your preferred method for us to contact you regarding the Board's decision.

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

US Mail (provide mailing address): \_\_\_\_\_

\_\_\_\_\_

*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**

**Account History – This includes all transactions up to the date form is signed**

\_\_\_\_\_ Number of times Reminder Notice sent in the past 12 months

\_\_\_\_\_ Number of times 48 Hour Notice sent in the past 12 months

\_\_\_\_\_ Number of times Delinquent the past 12 months

Amortization Agreement on File: \_\_\_\_\_ YES \_\_\_\_\_ NO

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_