

WATER REVIEW BOARD HEARING REQUEST FORM

NAME: _____

ADDRESS OF PROPERTY: _____

ACCOUNT NUMBER: _____

DATE: _____ **DAYTIME PHONE NUMBER:** _____

EMAIL ADDRESS: _____

Reason for Request (if additional space is needed please attach to form)

Eligibility Checklist (Customer *MUST* meet ALL criteria)

Received shut-off/termination notice

Current date is within 10 days of receipt of shut-off/termination notice

Residential Account (Non-Commercial*)

*Multi-family dwellings with more than 4 units are considered commercial and do not qualify

Owner of dwelling with 4 or less units

OR

Tenant consumer who has signed an agreement with Cleveland Water and who has paid the required deposit

Person completing this form is financially responsible for bill

Proof of residency for the disputed bill period is attached

I am the owner/tenant of the above referenced property, and request a hearing before the Water Review Board concerning the contested outstanding balance on this account.

PROPERTY OWNER/TENANT SIGNATURE: _____

Please Note: Prior to scheduling a Water Review Board hearing an investigation may be scheduled. You will be notified to schedule the investigation appointment, which may take up to two weeks. Your account will be placed on hold from any collections activities until your case is heard before the Board.

If you have any questions please contact Customer Service at (216) 664-3130.

Cleveland Water Customer Service Representative

SIGNATURE: _____

DATE RECEIVED: _____

Please print, sign and complete this form in its entirety and submit with proof of residency to Cleveland Water.