



CUSTOMER DISPUTE FORM

Location Code
(Borough office/web site/fax)

IDENTIFYING INFORMATION (PLEASE PRINT ALL SECTIONS OF THIS FORM)

- Account Number (as it appears on your water bill)
- Customer Name _____
- (If known) Borough _____ Block _____ Lot _____
- Mailing Address _____
- Home Tel () _____ Daytime Tel () _____
- Cell () _____ Email _____
- Contact information of authorized representative of the owner (with Letter of Authorization), if representative is filing the application or will represent the owner at a review meeting:
 - Name _____
 - Mailing Address _____
 - Home Tel () _____ Daytime Tel () _____
 - Email _____
- Service address (location of property), if different than the owner's mailing address: _____
- Type of property (check one):

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Land
<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Other (List Type): _____		

GROUND FOR DISPUTE (PLEASE PRINT ALL SECTIONS OF THIS FORM)

Categories (check all that apply)

Amount in Dispute

- | | | |
|---|---|---|
| <input type="checkbox"/> High Bill | <input type="checkbox"/> Estimated Bill | <input type="checkbox"/> Interest Charges |
| <input type="checkbox"/> Remittance/Refunds | <input type="checkbox"/> Program Application Denial | <input type="checkbox"/> Other (List Type): _____ |

Type of Dispute

- Complaint (check if this is your first filing for this issue)
- Initial appeal (check if you would like to appeal the DEP BCS response to your complaint)

Briefly state the grounds or basis upon which you believe the water and/or sewer charges are incorrect. Attach additional sheets or documentation, if necessary.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Signature of the Owner _____

Signature of Authorized Representative _____

Printed Name of the Owner _____

Printed Name of Authorized Representative _____

Date _____

Date _____

Check here if Letter of authorization is on file. Authorized representative must file a notarized Letter of Authorization

Submit Completed Form to: DEP/Customers Service, P.O. Box 739055, Elmhurst, NY 11373-9055

FOR INTERNAL USE ONLY:

Intake Date: ___/___/___

Taken By: _____

Unit: _____

Referral # _____

Scan Date: ___/___/___

表格填写说明

1. 本表格必须由**业主或授权代表**填写。如果您没有权限访问此账户，您必须向 DEP 提交授权书
2. 填写整个表格，包括账户信息和投诉描述。尽可能详尽地描述问题
3. 在表格上签字并注明日期
4. 若需要，随附任何其他文档。DEP 将保留所有其他文档
5. 如果您希望保留其他文档的副本，请在提交表格前留存副本。DEP 将仅在收到您的投诉时提供表格原件的副本

表格提交说明

1. 您可以在任何 BCS 区办公室提交此表
2. 您可以将此表传真至 (718) 595-5647
3. 您可以将此表邮寄至 DEP 客户服务局 (Bureau of Customer Service, BCS)

Customer Complaint
DEP/Bureau of Customer Services
P.O. Box 739055
Flushing, NY 11373-9055

请使用此额外空间书写.....

(如有需要，请另外附纸书写)

关于书面投诉流程

您有权就有争议的水费和排污费账单向环保局 (Department of Environmental Protection) 提出正式的争议。您必须在所涉及的账单之日起的四年内提交书面争议。

DEP 将在收到投诉后的 90 天内作出回应。

您可以在 <http://www.nyc.gov/html/dep/pdf/partviii.pdf> 阅读上诉指南全文。如需以邮寄形式获得本表格的副本，请于周一至周五上午 9:00 至下午 6:00 致电 (718) 595-7000 联系我们的客户服务呼叫中心。