



Disputed Utility Billing Fee Wavier for City of Cannon Beach

Date: _____ **Account Number:** _____

Name of Applicant: _____

Mailing Address: _____

Phone: _____

Location Address: _____

(Optional) Email address for notification: _____

Date fees were applied: _____

Amount of fees being disputed: _____

Reason for Request for Utility Fee Adjustment:

The Public Works Committee will review the waiver request at their next meeting. If approved authorized credit will show on the next billing statement.

Signature: _____

Print Name: _____

For staff use only:

Staff recommendation: **Approve:** _____ **Deny:** _____

Total Credit: \$ _____ **Date Issued:** _____ **By:** _____

Authorizing Signature: _____

Date: _____