

Complaint Review Form

Customer Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
A/C No. \_\_\_\_\_  
Phone \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please complete and return for receipt no later than the first Friday of the month succeeding the month in which your initial request for relief has been denied.

Amount Questioned: \$ \_\_\_\_\_ Bill Date: \_\_\_\_\_

Is bill:  Current  PAST DUE

Was problem discussed with the Birdsboro Municipal Authority billing and servicing agent?  
Who \_\_\_\_\_

Nature of Complaint: (Please check one and state the nature of problem)

High Bill  Billing Dispute  Service Termination  Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider a fair and reasonable settlement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Final Decision: \_\_\_\_\_ Date: \_\_\_\_\_

Request Denied

APPROVED RELIEF

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