

### Utility Hearing Board Hearing Request Form

The filing of this form does not extend the due date of any utility bill.  
Payment in full should be made when due to avoid additional penalties.

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

Utility Account Number: \_\_\_\_\_

This dispute involves:     Water Service  
     Sewer Service  
     Other \_\_\_\_\_

**1. RESIDENT/OWNER INFORMATION.**

Customer Name \_\_\_\_\_

Service Address \_\_\_\_\_ Albany, OH. 45710

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Name (if different from above) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**2. DETAILED DESCRIPTION OF DISPUTE, CLAIM, OR COMPLAINT:** (attach additional sheet if necessary)

*Return this completed form **in-person** to Albany Village Hall at 5153 Alton Street  
within seventy-two (72) hours of receipt of a Termination of Service Notice.*

**3. HEARING BOARD USE ONLY.**

Resolved \_\_\_\_\_

Approved for refund in the amount of \$ \_\_\_\_\_

Denied \_\_\_\_\_

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

\_\_\_\_\_  
 Hearing Board Chair Signature

\_\_\_\_\_  
 Date

