

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

