



## City of Spring Hill Water & Wastewater Appeal Form

Please return the completed appeal form by mail to City of Spring Hill, P.O. Box 424, Spring Hill, KS 66083, or by email to [utilitybilling@springhillks.gov](mailto:utilitybilling@springhillks.gov), or by fax to 913-592-5040.

**Sewer Averaging:** Copies of three consecutive water bills from the three months prior to the submittal of this form must accompany this request. In instances where a leak has occurred, see below for additional items needed.

**Leak Adjustments:** The following information must accompany this form: 1) Documentation showing the leak was repaired (invoice from plumber or receipt listing the parts purchased), 2) Type of leak (toilet, sprinkler system, etc), and 3) Date the leak was repaired. In addition, the City will need to verify that the leak is no longer present before the request can be processed.

Adjustments can only be backdated three months. Appeals will not be considered for the previous year's usage and only one appeal will be considered for any calendar year. The City requires that customers pay their outstanding utility bills during the appeals process unless otherwise indicated. If the appeal is approved, the appropriate adjustment will be applied. The Finance Director and/or City Administrator are responsible for reviewing and granting all appeals. Appeals are processed on a case-by-case basis, and you may be required to furnish additional information to support your dispute. The results of your appeal will be mailed within two weeks of receipt of this form.

<b>Date:</b>	<b>Service Address:</b>
<b>Name:</b>	<b>Account Number:</b>
<b>Phone Number:</b>	<b>Email Address:</b>

**Reason for Appeal:** \_\_\_\_\_

**Relief Requested:** \_\_\_\_\_

### OFFICE USE ONLY

Approved  Declined

**Appeal approved/declined by:**

**Action to be taken:**

**Reason for declination:**