



Arch Cape Water and Sanitary Districts

32065 East Shingle Mill Lane
Arch Cape, OR 97102 • 503.436.2790

BILLING APPEAL REQUEST FORM

Billing Appeal under Water District Policy #16-06 WD / Sanitary District Policy #16-04 SD

Date _____	Account Number _____
Name on account. _____	
Property Account Address: _____	

If different: Your Name _____ Address _____

Contact Info (phone/email) _____

Date leak discovered / loss noticed	Date leak / loss repaired
Describe the water loss	Describe the repairs to your system, if any
Name of person or entity discovering leak / loss	Name of person or entity repairing leak / loss

Amount being appealed: \$ _____ Date(s) of charges being appealed: _____

Basis of appeal: _____ Water District Water Leak Policy #23-09 WD

_____ Sanitary District Water Leak Policy #24-07 SD

_____ Water District Extraordinary Water Usage Policy #2024-1017 WD

_____ Other (Specify) _____

NOTE: Leak and Billing Appeal Policies for the Water and Sanitary Districts may be obtained at District offices and found on-line at <https://www.archcapewater.org/>

THE UNDERSIGNED HEREBY CERTIFIES:

- that I have read the District Policies above indicated and this Appeal conforms to them.
- that the contents of this Request are true and correct.
- that the customer has complied with all requirements for relief under those Policies; and
- that the attached are true and correct copies of the invoice(s) paid for repairs.

Signature: _____ *Date:* _____