



City of Canton

Water Department

Phone: (770) 704-1500

Fax: (770) 704-6914

CASE REVIEW FORM

To have your account reviewed submit this form to the address below. The department will conduct an investigation and issue a determination within five (5) business days.

Date: _____

Name on Account: _____

Address: _____

Home Phone #:() _____ Cell Phone #:() _____

Billing Date(s) of Disputed Bill: _____

Please list the nature of dispute: _____

Referred to: _____ By: _____ Date: _____

Progressive Action or Resolution (see reverse if necessary): _____

Resolution or Status Communication to Customer By: _____

Date: _____

All current charges and any past due amounts that are not under review must be paid in order to avoid interruption of water service.

Supervisor Signature: _____ Date: _____

