

**GLOVERSVILLE-JOHNSTOWN WASTEWATER TREATMENT FACILITY  
REQUEST FOR ADMINISTRATIVE REVIEW OF WATER/SEWER BILL  
RESIDENTIAL/COMMERCIAL**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. TELEPHONE: \_\_\_\_\_

4. ADDRESS OF PROPERTY FOR WHICH THIS REVIEW IS REQUESTED:  
\_\_\_\_\_  
\_\_\_\_\_

- a. TYPE OF PROPERTY (CHECK ONE)
- Single Family House \_\_\_\_\_
  - Two Family House \_\_\_\_\_
  - Other \_\_\_\_\_

**TO BE COMPLETED BY CITY WATER DEPARTMENT**

5. Please provide the following information for the sewer bill to be reviewed and for the five (5) sewer bills immediately preceding the bill to be reviewed:

PERIOD ENDING DATE		WATER USAGE IN CUBIC FEET
_____	(Bill for Review)	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

6. You **MUST** attach a photocopy of the sewer bill to be reviewed and have the Water Department complete and/or verify the information requested concerning the previous bills as requested in No. 5 of this form.

7. Please describe the unusual circumstances or reasons why an adjustment of the sewer bill is requested:

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8. Describe actions taken to correct problem:

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9. Signature:

**I CERTIFY UNDER PENALTY OF THE LAW THAT THIS REQUEST AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION AND ARE TRUE UNDER THE PENALTIES OF PERJURY. I UNDERSTAND THAT ALL STATEMENTS MADE BY ME IN CONNECTION WITH THIS REQUEST ARE SUBJECT TO INVESTIGATION AND VERIFICATION. I AM AWARE THAT A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.**

**THAT BY SIGNING THIS REQUEST FORM, I UNDERSTAND THAT I AM HEREBY CONSENTING TO GRANTING ACCESS TO MY PREMISES FOR PHYSICAL INSPECTION UPON REASONABLE NOTICE BY ANY CITY OFFICIAL OR REPRESENTATIVE OF THE GLOVERSVILLE-JOHNSTOWN JOINT WASTEWATER TREATMENT FACILITY IN ORDER TO INVESTIGATE THE SUBSTANCE OR BASIS OF THIS REQUEST FOR ADMINISTRATIVE REVIEW. FAILURE TO PROVIDE THE AFORESAID REQUESTED ACCESS WILL RESULT IN DENIAL OF SAID REQUEST FOR ADMINISTRATIVE REVIEW OF SEWER BILL.**

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

OFFICIAL USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
WATER DEPARTMENT EMPLOYEE