

BOARD OF WATER COMMISSIONERS

Gloversville Water Works – (518) 773-4520



COMPLAINT/DISPUTE FORM

1. Name of Owner/s of Property _____
2. Mailing Address: _____
3. Home phone number _____ Daytime phone number _____
4. Name, address and telephone number of representative of owner, if representative is filing application or will represent owner at a Board meeting:

5. Account number as it appears on the water bill: _____
6. Service Address: _____
7. Type of Property: Residential Commercial Industrial Other

GROUND FOR COMPLAINT/DISPUTE

Briefly state below the grounds or basis upon which you believe the water charges are incorrect. Attach additional sheets if necessary.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Signature of Owner

Signature of Representative

Date

Owner please check here to indicate your approval of the above Representative

Submit completed form to the Clerk of the Water Board, 67-73 S. Main Street, Gloversville, NY 12078