

CITY OF PHILADELPHIA
OFFICE OF ADMINISTRATIVE REVIEW/TAX REVIEW BOARD
PETITION FOR APPEAL
Philadelphia Water Department/Water Revenue Bureau Appeals Only
SUBMIT ORIGINAL AND 2 COPIES

SEE INSTRUCTIONS. CLEARLY PRINT OR TYPE ALL INFORMATION.

PETITIONER'S NAME <i>(First Name, Middle Name, Last Name)</i>		RECEIVED ON <i>(Office use only)</i>	
BUSINESS NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		FEDERAL EMPLOYER IDENTIFICATION NO.	
CITY	STATE	ZIP CODE	
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

PROPERTY ADDRESS			
REVENUE ACCOUNT/BILL #	DATE OF BILL/DECISION	REFUND T#	DATE OF DENIAL LETTER

TYPE OF APPEAL FOR OFFICE OF ADMINISTRATIVE REVIEW
 PAYMENT AGREEMENT ELIGIBILITY REJECTION OF APPLICATIONS FOR SERVICE WATER SHUTOFF OTHER _____

TYPE OF APPEAL FOR TAX REVIEW BOARD
 PRINCIPAL PENALTY/LIEN FEE REFUND APPEAL IWRAP HELP LOAN OTHER _____

APPEAL TYPE	CYCLE MONTH/YEAR	PRINCIPAL	PENALTY	LIEN	TOTAL
TOTALS					

REASON FOR THIS APPEAL *(Be brief and concise. Do not use reverse - attach additional sheets, if necessary, to the back of this appeal.)*

NAME OF REPRESENTATIVE <i>(If one is used.)</i>	PHONE NUMBER	FAX NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE

I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.

PETITIONER'S SIGNATURE	TITLE	DATE
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MAIL COMPLETED PETITION TO: CITY OF PHILADELPHIA Office of Administrative Review/Tax Review Board 100 SOUTH BROAD STREET - ROOM 400 PHILADELPHIA, PA 19110 OR FAX: 215-686-5228	FOR ASSISTANCE CALL: 215-686-5216
	ASSIGNED DOCKET # <i>(Office use only)</i>