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 (First Name, Middle Name, Last Name)

RECEIVED ON (Office use only)

BUSINESS NAME

INTERPRETER NEEDED □ Yes □ No
If yes, language preferred_____________________________

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 #

DATE OF DENIAL LETTER

TYPE OF APPEAL FOR OFFICE OF ADMINISTRATIVE REVIEW
□ PAYMENT AGREEMENT ELIGIBILITY □ REJECTION OF APPLICATIONS FOR SERVICE □ OTHER__________________

TYPE OF APPEAL FOR TAX REVIEW BOARD
□ PRINCIPAL □ PENALTY/LIEN FEE □ REFUND APPEAL □ TAP □ HELP LOAN □ WATER SHUTOFF □ 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 (If one is used.)

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

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
Tax.reviewboard@phila.gov

FOR ASSISTANCE CALL:
215-686-5216

ASSIGNED DOCKET # (Office use only)

(Rev. 02/01/2018)