



**CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
WATER REVENUE BUREAU**

WATER SHUTOFF NOTICE

3/12/2020



RE: City of Philadelphia / Water Revenue

RCB Case Number: 0000986243

Account Number:

Batch: CM20200312 - 84869

Total Due:

Dear

PROPERTY ADDRESS:

1. You owe _____ for water service at the above property.
2. Water service for _____ will be shutoff on or after _____
3. Under the law you must:
 - a. Provide the name(s) and address(es) of the affected tenant(s), within seven (7) days of receipt of this notice OR
 - b. Pay the amount owed OR
 - c. Get into a payment agreement.
4. We will tell your tenant(s) at the above property of the proposed shutoff on or after _____
5. We will tell your tenant(s) at the above property of their rights under Pennsylvania Utility Service Tenants Rights Act (USTRA).
6. As a landlord customer, you have the right to dispute this debt with the Tax Review Board. Filing a petition within seven (7) days will stay your obligation to provide tenant information until the Board rules on your petition. For questions about the petition please call the Board at (215) 686-5216.

A copy of this notice must be attached to your petition.

Not providing the name(s) and address(es) of the affected tenants(s) may result in a civil penalty of up to \$500 per day for each day. In addition, a court may charge you for our reasonable attorney fees if we must obtain the names and addresses of the affected tenants without your cooperation.

MEDICAL EMERGENCY NOTICE

Let us know if someone living at the property is seriously ill or has a medical condition. WE MAY NOT SHUT OFF THE SERVICE if you:

1. Have a licensed physician or nurse practitioner certify by phone or in writing that such an illness exists and that it may be aggravated if the service is shut off. Written certification is needed within seven (7) days; AND
2. Make arrangements to pay this bill. You must provide us with household income and occupant information to determine the payment terms while protected under the medical certification.

If you dispute any of the above information, need an explanation of what to do, or would like to find out about possible payment arrangements, please call (215) 288-6800 or visit our offices:

**Revenue Collection Bureau, Inc.
5900 Torresdale Avenue
Philadelphia, PA 19135**

****THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE**
NO CASH PAYMENTS ACCEPTED**



**CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
WATER REVENUE BUREAU**

WATER SHUTOFF NOTICE

Required by the Pennsylvania Utility Service Tenants Rights Act.68 P.S. 399.1 et seq.

RCB Case Number: 0000986243

Account Number:

Property Address: 9712- BUSTLETON AVE Philadelphia, PA 19115

Tenants Name	Tenant Address, Apartment #

Landlord / Agent Signature

Date

Return this form to
Revenue Collections Bureau
5900 Torresdale Avenue
Philadelphia, PA 19135

CITY OF PHILADELPHIA Revenue Collection Bureau, Inc 5900 Torresdale Ave., Phila. PA 19135					
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 <input type="checkbox"/> PAYMENT AGREEMENT ELIGIBILITY <input type="checkbox"/> REJECTION OF APPLICATIONS FOR SERVICE <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> OTHER _____					
TYPE OF APPEAL FOR TAX REVIEW BOARD <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PENALTY/LIEN FEE <input type="checkbox"/> REFUND APPEAL <input type="checkbox"/> IWRAP <input type="checkbox"/> HELP LOAN <input type="checkbox"/> OTHER _____					
APPEAL TYPE	CYCLE MONTH/YEAR	PRINCIPAL	PENALTY	LIEN	TOTAL
TOTALS					
REASON FOR THIS APPEAL <i>(Be brief and concise. Do not use reverse - attach additional sheets, if necessary, to the back of this appeal.)</i>					
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	
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>		