

CITY OF PHILADELPHIA
TAX REVIEW BOARD PETITION FOR APPEAL
Philadelphia Water Department/Water Revenue Bureau Appeals Only
 Copy of the Bill **MUST** be included for processing.

PETITIONER'S NAME <i>(First Name, Middle Name, Last Name)</i>		RECEIVED ON <i>(Office use only)</i>	
BUSINESS NAME		INTERPRETER NEEDED (Y/N) If yes, language preferred _____	
MAILING ADDRESS		FEDERAL EMPLOYER IDENTIFICATION NO.	
CITY		STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

PROPERTY ADDRESS

ACCOUNT #	DATE OF BILL/DECISION	REFUND #	DATE OF REFUND DENIAL LETTER
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TYPE OF APPEAL

WATER USAGE DISPUTE
 PENALTY/LIEN FEES
 WATER SHUTOFF
 REFUND APPEAL
 HELP LOAN
 METER CHARGE
 TAMPER CHARGE
 STORMWATER/SERVICE CHARGES
 DENIAL OF ELIGIBILITY (CAP PROGRAM)
 REJECTION OF APPLICATIONS FOR SERVICE
 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 Admin.Review@phila.gov	FOR ASSISTANCE CALL: 215-686-5216 <hr/> ASSIGNED DOCKET # <i>(Office use only)</i>
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