

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 <i>(Opt-In for email notifications)</i>	

PROPERTY ADDRESS

ACCOUNT #	DATE OF BILL/DECISION	REFUND #	DATE OF REFUND DENIAL LETTER
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<u>TYPE OF APPEAL</u>			
<input type="checkbox"/> WATER USAGE DISPUTE	<input type="checkbox"/> PENALTY/LIEN FEES	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> REFUND APPEAL
<input type="checkbox"/> HELP LOAN	<input type="checkbox"/> METER CHARGE	<input type="checkbox"/> TAMPER CHARGE	<input type="checkbox"/> STORMWATER/SERVICE CHARGES
<input type="checkbox"/> DENIAL OF ELIGIBILITY (CAP PROGRAM)	<input type="checkbox"/> REJECTION OF APPLICATIONS FOR SERVICE		
<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>
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NAME OF REPRESENTATIVE <i>(If one is used.)</i>	PHONE NUMBER	FAX NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
<i>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.</i>			
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 Admin.Review@phila.gov	FOR ASSISTANCE CALL: 215-686-5216
	ASSIGNED DOCKET # <i>(Office use only)</i>