

Utility Billing Office Dispute Form

You may question the basis for one or more of the charges shown on your bill. For an explanation of charges you may either call (612) 673-1114, e-mail ub.finance@ci.minneapolis.mn.us, or mail your questions to: *City of Minneapolis, Utility Billing Office, 250 South 4th Street, Room 230, Minneapolis, MN 55415-1328.*

If after explanation the charges are still disputed, you must notify the Utility Billing Office in writing, stating the factual reasons and the disputed amounts (below). The complaint and any payments pertaining to the dispute must be sent to: *City of Minneapolis, Utility Billing Office/Attention: Disputes, 250 South 4th Street, Room 230, Minneapolis, MN 55415-1328.* Failure to pay any charges not in dispute may result in water turn-off for delinquency and/or tax assessment of unpaid charges

Instructions:	<ol style="list-style-type: none"> 1. The complaint must be filed within ninety (90) days of the due date of the bill being disputed. 2. The complaint shall state the specific disputed item(s) on the bill and reasons for the dispute. Failure to complete any item below may cause your complaint not to be investigated, and may result in water turn-off for delinquency and/or tax assessment of unpaid charges. 3. Attach copies of bills or other documents. 4. If more space is needed use reverse side. 5. Your complaint will be investigated by the Utility Billing Office 6. For further information, call (612) 673-1114
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Name	Work Phone Number	Home Phone Number
Mailing Address	City	State
		Zip Code
Account Number	Property Address	

Complaint is for (check all that apply):	Bill date(s) on statement(s):	Amount(s) disputed (required):
<input type="checkbox"/> Water charge(s)	_____	\$ _____
<input type="checkbox"/> Sewer charge(s)	_____	\$ _____
<input type="checkbox"/> Solid Waste charge(s)	_____	\$ _____
		\$ _____ TOTAL

Reason(s) for dispute:

Have you tried previously to resolve this matter with the Utility Billing Office? If yes, what was the result?

Signature	Date
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Utility Billing Office Use Only:	Received by Supervisor:	Date received: ____/____/____
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