



Cabazon Water District

P.O. Box 297 - 14618 Broadway Street
Cabazon, California 92230
(951) 849-4442

Customer Account Review Request

Customer Information

Service Address: _____ Date: _____

Applicant Name: _____
Last *First* *M.I.*

Account Number: _____ Date of Water Bill Requesting to Review: _____

Description of the Reason for your Request to have your Water Bill Reviewed (ATTACHED ADDITIONAL PAGES IF REQUIRED, PHOTOS, AND SUPPORTING EVIDENCE)

What is your proposed resolution? (PLEASE SUBMIT YOUR PROPOSAL TO RESOLVE THIS MATTER)

Management Response (SEE ATTACHED COPY OF THE RESPONSE FROM MANAGEMENT TO CUSTOMER)

Date of Response to Customer: _____ Response made by: _____

Status and Date of offer made to Customer: ACCEPTED: ___/___/___
DECLINED: ___/___/___
DECLINED/REQUEST for APPEAL to Water Board: ___/___/___