

CUSTOMER CONCERN FORM



Cabazon Water District

14618 Broadway St.
PO Box 297
Cabazon, CA 92230

Bus: (951) 849-4442
FAX: (951) 849-2519

info@cabazonwater.org

Customer Concern Procedures:

1. Complete the Customer Concern Form and submit it to the front desk or email it to info@cabazonwater.org.
2. The form will be given to the General Manager. The General Manager will conduct a thorough investigation of your concerns.
3. The General Manager will make a decision regarding your concerns.
4. If you wish to dispute the General Manager's decision, you must request to address your issues with the District's Board of Directors. There, you will be required to present your evidence and facts. The Board will make a final determination.
5. If you fail to appear at your scheduled Board hearing, then you will be given a 5 day notice to request an additional meeting or the original course of action and/or water service interruption will be executed.
6. You will be allowed only one extension.

CUSTOMER INFORMATION

NAME: _____ DATE: _____

ACCOUNT #: _____ DATE OF WATER BILL, IF APPLICABLE: _____

SERVICE ADDRESS: _____ Cabazon, CA 92230

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DESCRIPTION OF CONCERNS

Describe your concerns using this box and the back of page, if needed. Attach any supporting documents.

DESCRIPTION OF CONCERNS (CONTINUED)