

**CITY OF ATLANTA BUREAU OF DRINKING WATER**  
**Water and Sewer Appeals Request Form**

If you receive a determination (via certified mail) of a billing dispute from the Department of Watershed Management that you wish to appeal to the Water and Sewer Appeals Board, submit this form to the address below.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Receipt of Determination from the Department of Water Management: \_\_\_\_\_

**NATURE OF APPEAL**

---

---

---

---

---

---

---

---

---

---

**Note:** All current charges and any past due amount that is not in dispute must be paid in order to avoid interruption of water service. Please return this form to:

**Bureau of Drinking Water**  
Attn: Water & Sewer Appeals Request  
**Customer Service Division**  
**651-14<sup>th</sup> Street N.W.**  
**Atlanta, Georgia 30318**