

City of Waseca Utility Bill Appeal Process

- A customer who desires to dispute or appeal the accuracy of a bill/notice for electric, water and/or sewer utility service shall contact the Utility Billing office by telephone, in person, or in writing received by Waseca Utilities within thirty (30) calendar days of customer receipt of the bill/notice in question. The customer will then be issued a Utility Bill Appeal Form on which to formally register their appeal.
- The completed form and any supporting documentation shall be returned to the Utility Billing office for review & investigation by the Utility Billing Supervisor.
- Upon completion of the Utility Billing Supervisor's review of the appeal, a written decision will be mailed by USPS first class mail to the customer at the mailing address supplied by the customer on the Utility Bill Appeal Form.
- If the customer still believes the bill is incorrect, the customer must submit his or her request for further review in writing to the Utility Billing office no later than fifteen (15) calendar days after the postmark of the Utility Billing Supervisor's written decision. This written request for further review will be routed to the Utilities Director for review.
- The Utilities Director will review the initial Utility Bill Appeal Form, including any supporting documentation, and the written request for further review. Upon completion of this review, a written decision from the Utilities Director will be mailed to the customer at the mailing address supplied by the customer on the Utility Bill Appeal Form. All decisions of the Utilities Director will be final.

City of Waseca Utility Bill Appeal Form

Please provide all of the information listed below and return this form to: Waseca Utilities, 508 State Street S
Waseca, MN 56093. Phone (507)835-9718 Fax (507)835-7368

Name on Account: _____ Own: Rent:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Service Address: _____ Utility account #: _____

Description of complaint/concern (attach additional written documentation if necessary):

Description of action you are requesting that the City of Waseca take on this account:

I certify that the information I have given is true and accurate to the best of my knowledge. By signing below, I agree to allow City Staff to review and investigate any or all of the above information, as needed.

(Signature) (Printed Name) (Date)

CITY OF WASECA USE ONLY

Date of review: _____ Reviewed by: _____

Incomplete information Approved Denied Other _____

Notes: _____

Date determination letter sent to customer: _____ (attach copy of determination letter to this form)