



Water Review Committee Request for Review Form

Attention

The filing of this form does not extend the due date. Payment in full should be made by the scheduled due date to avoid the addition of penalties.

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Bill Number: _____

Description of concern for review: (attach additional sheet if necessary)

Contact Information: Home Phone: _____ Cell Phone: _____ Email: _____

For Committee Use Only

Decision Date: _____

Resolved

Approved for refund in the amount of \$ _____ (limited to regulations of NYS Constitution Article 8 Sec 1)

Denied

Councilor Corradino _____ Councilor Wilmott _____ Councilor Tesoriero _____