



Department of Public Utilities

Return via email to: dpuappeals@toledo.oh.gov

Return via mail to: 420 Madison Ave. 3rd Floor Toledo, OH 43606

FOR INTERNAL USE ONLY

Date Received: _____

Employee Initials: _____

Case Number: _____

DPU Account-Holder Dispute Form for the DPU Internal Board of Review

Account Holder Name: _____

Service Address: _____ Zip: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Account Number: _____

Phone: _____ Email: _____

Disputed Invoice Number: _____ Disputed Dollar Amount: _____

Number of Adults at Service Address: _____ Number of Children & Ages: _____

Do you have a swimming pool? Yes No If yes, what size? _____

Do you have a sprinkler system? Yes No

PLEASE CHECK THE REASON(S) FOR DISPUTE

☐ Sewer Adjustment

☐ High Bill

☐ Meter Discrepancy

☐ Other _____

Did you make any plumbing repairs? Yes No If yes, please include all receipts of completed work and a description of the work and location within the structure.

Please state the reason(s) you believe the charges on your utility bill are incorrect:

This form must be completed in its entirety. **Once the appeal is received, a courtesy hold will be placed on the account for the disputed charges.** By signing this application for appeal, the account-holder understands and agrees to the criteria for appeal and will contact Customer Service to make payment arrangements on the open balance on the account if needed.

Signature: _____ Date: _____

To review the Director Rules & Regulations online visit: www.toledo.oh.gov/dpurules

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DPU Internal Board of Review Date: _____ Approved _____ Denied _____

If denied, reason: _____

Appeal mailed to Account-Holder Date: _____ Filed and attached to the account Date: _____