

**City of Grass Valley**  
125 East Main Street  
Grass Valley, CA 95945  
(530) 274-4350 / info@cityofgrassvalley.com



**Water Bill Appeal Application**

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Service Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Water Bill Date: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount in Dispute: \$ \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

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

**Determination by City of Grass Valley**

To be completed by City of Grass Valley:

Appeal has been granted by City of Grass Valley on \_\_\_\_\_

Appeal has been denied by City of Grass Valley on \_\_\_\_\_

Appeal has been granted by City Council on \_\_\_\_\_

Appeal has been denied by City Council on \_\_\_\_\_