FEE ADJUSTMENT REQUEST FORM

TO: CITY OF RENTON UTILITY BILLING DEPARTMENT

Date:

Account No.:

Amount of Fee: Date Fee Charged:

Service Address:

Description of Fee: ☐ Penalty ☐ Shut Off List Fee *Other:

Returned Item Fees are non-refundable.

I am requesting a waiver of the fee described above for the following reason(s):

Attach documentation if applicable

Signature: ☐ Owner ☐ Tenant

Customer Signature

Print Name:

Email:

Submit by Email

Print Form

Office Use Only

☐ *Approved* ☐ *Denied* -_____Date:_____/_____/_____

Authorized Signature