Email To:ub@rentonwa.gov or mail to:

City of Renton Utility Billing 1055 S. Grady Way Renton, WA 98057

FEE WAIVER/ADJUSTMENT REQUEST FORM



Account No.:	Date:
Service Address:	
Amount of Fee: Returned Item Fees ar	Date Fee Charged:
Description of Fee:	e non-rejunaaote.
I am requesting a waiver of the fee des	scribed above for the following reason(s):
Attach documentation if applicable	
Eligibility for fee waivers	
 All requests for fee waiver or adjust supporting documentation if applica Disconnection of service fees (Shut demonstrate a serious financial hard 	ed unless a ratepayer can demonstrate fraudulent activity on the bank card/account ected account.
Signature: Customer Sign	☐ Owner ☐ Tenant
Print Name:	Email:
Office Use Only:	