



Charter Township of Washington
Department of Public Works
Customer Penalty/ Adjustment Request

RETURN FORM TO DPW BY: email to DPW@WashingtonTwpMI.org, fax (586)752-6463,
by mail, dropbox or in person at: 57900 Van Dyke Rd, Washington, MI 48094

Account number: _____ How long have you had this account? _____

Name on Account: _____

Service address: _____

NOTE: The decision of the Finance Committee will be emailed to the email address provided below

Email address: _____ Phone: _____

Due Date of Bill: _____ Amount of the Penalty: _____

Reason for Hardship: _____

Signature: _____ Date: _____

(bottom section of form is for office use only)

Original amount of bill: _____ **Due Date:** _____

Amount customer paid: _____ **Date paid:** _____

Amount of penalty: _____ **Current account balance:** _____

Number of penalties in the past 3 years (not including this time): _____

Number of times penalty charge reversed: _____

Comments: _____

Decision of the Board: **Approved**

Denied

Finance Committee signatures: _____

Date customer contacted: _____ **method used** _____ **Contacted by:** _____