**CITY OF FORT WAYNE   
RESIDENTIAL GARBAGE AND RECYCLING FEE   
APPEAL FORM**

Customer Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Service  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
City Utilities Acct. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Contact Person:            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
                                        (Name)                                              (Daytime Phone)

I hereby request an appeal of the Garbage and Recycling Fee on my monthly City Utilities bill.  The request for this appeal is based on one or more of the following reasons (please check those that apply to your appeal request):

\_\_\_\_\_\_\_\_\_\_ 1. Service address is a single family dwelling being billed as a multiple family dwelling.

\_\_\_\_\_\_\_\_\_\_ 2. Service address is outside the City of Fort Wayne.

\_\_\_\_\_\_\_\_\_\_ 3. Service address is not a residential unit, but is a commercial building or an institutional establishment and has a private hauler collecting the solid waste.  Please provide a copy of the contract or bill.

\_\_\_\_\_\_\_\_\_\_ 4.  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Service Account Customer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mail or fax your completed appeal form to:

Solid Waste Department

Citizen Square Suite 210

200 East Berry Street

Fort Wayne, IN  46802

(260) 427-1345 phone;

Upon acceptance of this appeal by the Solid Waste Department, you will be notified in writing and your utility bill will reflect the reduction of the Garbage and Recycling Fee.  If for any reason your appeal is denied, you will be contacted via mail by this office.  Appeals can take up to six weeks for processing.  Revision date:  09/28/16