



HUNTSVILLE UTILITIES
ELECTRICITY • NATURAL GAS • WATER

ACCOUNT REVIEW REQUEST

Date: _____

CUSTOMER NAME: _____

CURRENT ADDRESS: _____

SERVICE ADDRESS FROM DISPUTED BILL: _____

HOME PHONE NUMBER: _____ CELL: _____

CUSTOMER IDENTIFICATION

DL #: _____

UTILITY ACCOUNT #: _____

DISPUTE DESCRIPTION: _____

CUSTOMER SIGNATURE: _____

REVIEWED BY

SUPERVISOR: _____ DATE: _____

MANAGER: _____ DATE: _____

PANEL:

1) _____ DATE: _____

2) _____ DATE: _____

3) _____ DATE: _____