

POARCH CREEK INDIANS UTILITY AUTHORITY

Formal Complaint Form

Please print in ink or type.

1. CUSTOMER (COMPLAINANT) INFORMATION

Your name, mailing address, county, telephone number, utility account number and service address:

Name _____

Street/P.O. Box _____ Apt # _____

City _____ State _____ Zip _____

County _____

Daytime Telephone Number Where We Can Contact You:
(____) _____

E-mail Address (optional): _____

Utility Account Number _____
(from your bill)

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. TYPE OF UTILITY (check one)

☐ WATER

☐ WASTE WATER

☐ OTHER _____

3. COMPLAINT (check one)

A. In general, what is your complaint?

- ☐ I want to oppose the company's proposed rate increase.
- ☐ There are incorrect charges on my bill.
- ☐ There is a reliability, safety or quality problem with my utility service.
- ☐ I received a notice that my utility service is being terminated.
- ☐ I would like a payment agreement.
- ☐ Other (explain)._____

B. State the facts of your complaint.

Include any specific dates, times or places that may be important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

4. RELIEF

How do you want your complaint to be resolved? Use additional paper if you need more space.

5. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

(Signature)

(Date)

Title of authorized employee or officer