

Town of Bayfield

Public Works & Billing Dispute Form

Date: _____

Account Number: _____

Contact Phone #: _____

Owner or Renter Name: _____

Service Address: _____

Previous Meter Reading: _____

Date: _____

Current Meter Reading: _____

Date: _____

Reason For Contact: _____

Best Time To Meet With Public Works: _____

Aggressive Animals: _____ Yes _____ No Type: _____

Copy of Bill Attached: _____ Yes _____ No Employee Initial: _____

Copy Given To Public Works: _____ Yes _____ No

Resolution: _____

Call Back: _____ Yes _____ No

Reason: _____

Work Completed By: _____ Date: _____