



MUNICIPAL UTILITIES DEPARTMENT  
2500 NAVY DRIVE – STOCKTON, CA 95206  
MUD@stocktonca.gov

## UTILITY BILLING REVIEW REQUEST FORM

Customers shall be contacted within twenty-one days of claim submittal.

### CUSTOMER INFORMATION

DATE: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ TENANT NAME: \_\_\_\_\_

CUSTOMER ID: \_\_\_\_\_ LOCATION ID: \_\_\_\_\_

AFFECTED ADDRESS: \_\_\_\_\_

PREFERRED CONTACT METHOD:

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

UTILITY BILLING TYPE: ☐ WASTEWATER (SEWER) ☐ WATER ☐ STORMWATER

PROPERTY TYPE: ☐ RESIDENTIAL

☐ SINGLE ☐ DUPLEX ☐ TRIPLEX ☐ APARTMENT ☐ OTHER

☐ COMMERCIAL

☐ INDUSTRIAL

☐ PERMITTED INDUSTRIAL

### REASON FOR REQUEST

(DESCRIBE REASON FOR REQUEST, BE SPECIFIC, AND PROVIDE DETAILS. INCLUDE A COPY OF RECENT BILL IF POSSIBLE.)

---

---

---

---

---

---

---

---

---

---

---

---