

# Janesville Utilities Appeal Form

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Please provide all of the information listed below and return this form to: Janesville Utilities, 101 N. Mott Street, PO Box O, Janesville, MN 56048. Phone (507) 234-5110 Fax: (507) 234-5236

Name on Account \_\_\_\_\_ Own:  Rent:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Description of complaint/concern (attach additional written documentation if necessary):

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Description of action you are requesting that Janesville Utilities take on this account:

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I certify that the above information I have given is true and accurate to the best of my knowledge. By signing below, I agree to allow City Staff to review and investigate any or all of the above information, as needed.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

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Date of review: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Incomplete Information  Approved  Denied  Other

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Date determination letter sent to customer: \_\_\_\_\_ (attach copy of determination letter to this form)