



CUSTOMER BILLING VARIANCE FORM

Date: _____

Customer Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

Email Address: _____

Account No.: _____

Reason for Request:

Variance requests are typically addressed by the Board of Trustees at their monthly meeting. While you are welcome to attend the meeting, it is not necessary for your variance request to be considered by the Board. The deadline for submitting variance requests is the end of business one week before the meeting. The Board's regular monthly meetings are on the third Wednesday of the month at 6:30 p.m.