



2024 City of Mesa Request for Residential Wastewater Fee Adjustment

****Water consumption that is not discharged to the City's wastewater system****

Name:	_____
Service Address:	_____
Account #:	_____ -- _____
Phone #:	home _____ work _____
Email Address:	_____

*****ALL APPLICABLE SECTIONS MUST BE COMPLETED FOR PROCESSING**

Note: If you receive S.R.P., Roosevelt Water District or Mesa flood irrigation, skip items 1 thru 5.

Note: Arizona Water Accounts do not qualify for the wastewater fee adjustment.

During the months of December, January, February, and March please indicate:	
1) Square footage planted to winter lawn:	_____
2) Square footage planted to garden:	_____
3) Total number of shrubs:	_____
4) Total number of evergreen trees:	_____
5) Total number of citrus trees (1-7' across):	_____
citrus trees (8-12' across):	_____
citrus trees (13' & greater):	_____
6) Square footage of pool if applicable:	_____ sq. ft.
7) Pool filled or repairs made Dec.-Mar.:	Yes ___ No ___ (Fill)
If yes, please explain below and attach letter from pool company.	
Number of gallons needed to fill pool: _____	
8) ***Total number of occupants in home:	_____
9) Leaks repaired during Dec., Jan., Feb., or Mar. - please explain below:	_____

The above information is accurate to the best of my knowledge. I understand the given values are subject to verification and if there are errors, I will be charged for any incorrect allowance not previously billed. I understand no adjustments will be made for months prior to the City of Mesa receiving this form.	
Signature _____	Date _____

Any applicable adjustments will be made on April 1st or when the form is received after that date. Forms are not retroactive and adjustments will not be made for months prior to the date the form was received. You will be required to resubmit your appeal each time the wastewater fees are recalculated (yearly). Completed forms must be returned to our office no later than July 1, 2024.

Please direct all questions to 480-644-2221. Return completed forms and applicable attachments to **City of Mesa, Attn: Billing Operations, P.O. Box 1466, Mesa, AZ 85211-1466**. The form can also be emailed to **BillingInfo@mesaaz.gov**.

office use only: current average _____ adjusted average _____ credit _____
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