

City of Gladstone
PO Box 32
Gladstone, MI 49837
906-428-3737 Fax 906-428-3122
Utility Bill Dispute Form

Name _____

Address _____

Account Number _____

Phone Number(s) Home _____ Cell _____

Provide specific Utility Bill Dispute details (use back of form if needed):

I hereby attest that these are true and accurate statements.

Customer's Signature

Date

City response:

Final determination: Approved.

Denied.

City

Date