

Arch Cape Domestic Water Supply District Billing Appeal Policy
Policy # 16-04 SD

Purpose:

This policy outlines the process for all persons, applicants for service and customers (hereinafter "customer/s") within the service boundary of the Arch Cape Domestic Water Supply District [ACDWSD] for submitting inquiries and disputes of ACDWSD invoice bills. Customer accounts are billed according to ACDWSD billing policy. It is the intent of the ACDWSD to handle all billing inquiries and disputes fairly and expeditiously.

Procedure:

In order to provide a fair, timely and transparent process, any and all inquiries and disputes of ACDWSD invoice bills shall follow the process as set forth herein.

Appeal Process:

1. Customers shall first address all billing inquiries in writing to the ACDWSD Manager, according to established ACDWSD policy; said inquiries and/or disputes must be made within 60 calendar days of the date of the subject invoice.
2. The customer must pay all charges not subject to dispute, during the appeal process, according to the then existing payment policies of the ACDWSD.
3. If the issue cannot be resolved with the ACDWSD Manager, customers may submit a formal written appeal to the Board of Commissioners [BOC] of the ACDWSD for further review.
4. Upon written request, a customer shall be provided with an ACDWSD Appeal Request Form and a copy of the ACDWSD's Billing Appeal Policy.
5. Any and all appeals must be made in writing, stating the basis upon which the customer is relying for the appeal; said appeals must be submitted to the ACDWSD Manager within 30 calendar days of written notice from the ACDWSD Manager that the dispute cannot be resolved.
6. The appeal shall be placed on the agenda of the next regularly scheduled meeting of the BOC. The ACDWSD Manager shall notify the customer in writing of the date and time of that meeting. The customer's written appeal, invoice, payment, and meter history shall be made available to the BOC for its review. The customer shall be permitted to present additional information to the BOC for consideration either in person, or in writing.
7. The BOC shall consider the appeal and make a final decision, based upon consideration of all relevant information. The BOC may in its sole discretion decide as

follows: (1) reject the customer's appeal in its entirety; or, (2) find in favor of the customer, in whole or in part.

8. In the event that the appeal is rejected, all charges shall be immediately due and payable.

9. In the event of a finding in favor of the customer, the appealed charges, or any part thereof, as determined by the BOC, shall be waived, or credited to the customer's account.

10. The ACDWSD Manager shall inform the customer of the BOC's final decision in writing.

Dated: _____

Casey Short, District Board Chair

Date	Policy	Action	Signatory
October 21, 2016	Policy #16-06	Initial Policy Adopted	Unknown
July 18, 2024	Policy #16-06	Updated current policy	Casey Short



Arch Cape Water and Sanitary Districts

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BILLING APPEAL REQUEST FORM

Billing Appeal under Water District Policy #16-06 WD / Sanitary District Policy #16-04 SD

Date _____	Account Number _____
Name on account. _____	
Property Account Address: _____	

If different: Your Name _____ Address _____

Contact Info (phone/email) _____

Date leak discovered / loss noticed	Date leak / loss repaired
Describe the water loss	Describe the repairs to your system
Name of person or entity discovering leak	Name of person or entity repairing leak

Amount being appealed:

Water: \$ _____ Date(s) of charges being appealed: _____

Sanitary: \$. _____ Date(s) of charges being appealed: _____

Basis of appeal: _____ Water District Water Leak Policy #23-09 WD

_____ Sanitary District Water-Leak Policy #24-07 WD

_____ Other (Specify) _____

NOTE: Leak and Billing Appeal Policies for the Water and Sanitary Districts may be obtained at District offices and found on-line at <https://www.archcapewater.org/>

THE UNDERSIGNED HEREBY CERTIFIES:

- that I have read the District Policies above indicated and this Appeal conforms to them.
- that the contents of this Request are true and correct.
- that the customer has complied with all requirements for relief under those Policies; and
- that the attached are true and correct copies of the invoice(s) paid for repairs.

Signature: _____ *Date:* _____