

SEWER CHARGE REDUCTION REQUEST

Name: _____

Mailing Address: _____

Phone Number (day): _____

Phone Number (cell): _____

E-Mail: _____

Water Account Number: _____

Water Service Address: _____

Reason for sewer charge reduction request. (Explain in detail what caused the large water consumption, date of occurrence, and where the water went.)

Return completed Sewer Charge Reduction Request to the following Address:

City of Youngstown
Waste Water Treatment Plant
725 Poland Ave.
Youngstown, OH 44502
Office# (330) 742-8820
Fax# (330) 746-1021
Email: mlyon@youngstownohio.gov

Upon receipt of the completed request, an Inspector from the City of Youngstown Waste Water Treatment Plant will be in contact to schedule an inspection of the service address. **Please note:** *payment of **Sanitation Fees** (Garbage Fees) and **Water Charges** MUST be made to avoid penalties.*