CITY OF SOUTH PASADENA

1414 MISSION STREET, SOUTH PASADENA, CA 91030
TEL: (626) 403-7210 ▪ FAX: (626) 403-7210
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Application to Contest or Appeal a Water Bill

Date of Bill:_____

Customer Name:_____

Account #:_____

Customer Address:_____

*Date on which application was submitted: _____

Reason for Contesting and Appealing a Water Bill (Attach all supporting documents):
Please attach additional sheets as necessary

_____

_____

_____

Date of Review by Finance Department:_____

Finance Department Review Notes: _____
_____
_____

Decision:

_____ Extension approved for _____(up to 6 months)
(amount of time)

_____ Amortization of payment owed for _____(up to 12 months) approved
(amount of time)

_____ Alternative Payment Schedule Approved for _____(up to 12 months)
(amount of time)

_____ Payment Reduction for _____(up to 50% of unpaid charges) approved
(amount of reduction)

_____ Appeal Denied

Date of Review by Finance Department:_____

Date of Determination Mailed by Finance Department to Customer:_____

*Per Section 5.1 of Policy on Discontinuation of Residential Water Service adopted on February 4, 2026 as part of Ordinance N. 2411, a customer may initiate a complaint or request an investigation regarding the amount of a bill within five (5) days of receiving a disputed bill. A bill shall be deemed received by a customer five (5) days after mailing and immediately upon e-mailing.