

## Request to Review Monthly Sanitary Sewer Charges

Customer Name

Denver Water Account No.

Service Address

Mailing Address (if different from above)

**Reason for Request**

Please include receipts (if applicable) when submitting your request.

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Email this form to  
**[wmdcustomerservice@denvergov.org](mailto:wmdcustomerservice@denvergov.org)**  
Please add any necessary attachments to  
your message.

**SUBMIT NOW**

**Submit by mail to**  
Wastewater Management Division  
ATTN: Customer Service  
2000 W. 3rd Avenue  
Denver, CO 80203

FAX: 303-446-3506