

## **Rate Payer Complaint Form**

(Please print out this form, complete and



get it to the RM office either by drop off, e-mail, or regular mail)

Today's Date:			
Month:		Day:	Year:
Rate Payer Information:			
Name:			
Mailing Address:			
Phone Number:			
E-Mail Address:			
Legal Description:			
Complaint is against the f	following person	n(s):	
Name:			
Name:			