



SDOT INVOICE DISPUTE

Please complete and sign this Invoice Dispute form. You will be contacted with the outcome of the review, or a request for additional information within 10 business days. You may submit the form via email to SDOT_AR@seattle.gov or mail the form to the attention of SDOT Accounting at the address shown on the bottom of this form.

Name:

Email Address:

Mailing Address:

Phone Number:

Invoice Number:

Permit Number:

Amount Disputed:

Reason: *(If not disputing the full invoice, describe which items are being contested. Attach additional pages, as necessary.)*

Customer Signature: _____ Date: _____

Return completed form to SDOT Accounts Receivable.

U.S. Mail: PO Box 34996, Seattle, WA 98124-4996

Fax: 206-233-3887

eMail: SDOT_AR@seattle.gov

For SDOT Review

DisputeDecision

- Credit Disputed Amount (Attach Credit Request)
- Partial Credit of Disputed Amount (Attach Credit Request)
- Valid Invoice (Attach Correspondence to Customer)

Comments:

Date Reviewed:

Reviewed By:

Approved By:

