

City of Seattle
OFFICE OF HEARING EXAMINER
P.O. Box 94729
Seattle WA 98124-4729
SEATTLE MUNICIPAL TOWER - 700 5th Avenue, Suite 4000
Phone: (206) 684-0521 Fax: (206) 684-0536
www.seattle.gov/examiner

THIRD PARTY UTILITY BILLING COMPLAINT

You do not have to use this form to file a complaint. However, if you do not use it, please make sure that your complaint includes all the information requested on this form. The complaint along with the \$5.00 filing fee, must be received by the Office of Hearing Examiner.

Tenant information:

1. Name _____
Address _____

Phone: Work: _____ Home: _____

2. Authorized Representative:
(Name of representative if different from the tenant indicated above.)

Name _____
Address _____

Phone: Work: _____ Home: _____

3. Is the Tenant authorized to occupy the rental unit primarily for living or dwelling purposes under a rental agreement (including a written or unwritten, month-to-month tenancy arrangement)? _____

4. Is the Tenant's rental unit part of a building or group of buildings (including a mobile home park or boat moorage) that includes 3 or more tenant units? _____

5. Landlord or billing agent's name _____

6. Landlord or billing agent's address **and** phone/fax number _____

7. What type of utility bill is being disputed? _____

8. Please describe the billing practices that are the basis for your complaint. (See Seattle Municipal Code 7.25.050):

9. Within 30 days of receiving the disputed bill, did you notify the landlord or billing agent, (as identified in the bill) of the nature of and basis for the dispute, as required by SMC 7.25.050?_____.

I certify that more than 60 days have elapsed since the landlord or billing agent received notice of the billing dispute described above, and that the tenant has been unable to reach a satisfactory resolution of part, or all of the dispute.

Signed this ____ day of _____, 20____ at Seattle, Washington:

Signature

(If someone other than the tenant signs, please indicate that person's relationship to the tenant.)