



VILLAGE OF GOWANDA

"Gateway to the Southern Tier"

27 E Main Street ♦ Gowanda NY 14070

(716)532-3353 ♦ Fax (716)532-2938

"The Village of Gowanda is an Equal Opportunity Provider and Employer."

Water/Sewer Hearing Request Form

* Please complete the top portion of this form and return it to the Village Clerks Office*

Date _____ Account Number _____

Name _____

Service Address _____

Phone Number _____

Reason for Request

I am the owner of the above referenced property and request a hearing before the Water Review Board concerning the outstanding balance on this account.

Signature _____

Village Use

Date Request Received _____ Received By _____

Request Reviewed By _____ Date Reviewed _____

Hearing Date _____ Hearing Time _____

Hearing Findings _____
