



# CITY OF WATERVLIET SANITATION/CODE VIOLATION DISPUTE FORM



**INSTRUCTIONS:** To dispute a sanitation invoice or violation you must fill out this form in its entirety and return it to the Building Department: City Hall, 2 15th Street, Watervliet, NY 12189. All disputes must be submitted with the appropriate supporting evidence. Failure to provide evidence or fill out this form completely will delay the process significantly and your dispute may not be approved.

**NOTE:** *The City of Watervliet will notify you of the result via email. If you do not provide an email, all communication will be done through the U.S. Postal Service.*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_\_

Business name (if applicable): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (please print legibly): \_\_\_\_\_

Property address: \_\_\_\_\_

Bill/invoice number: \_\_\_\_\_

Reason for dispute (attach additional pages as necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting documents included (check all that apply):**

- Police report
- Photographic/video evidence (*hardcopy*)
- Notarized statement from a neighbor or other party taking responsibility for the bill
- Phone log
- Other (*please specify*): \_\_\_\_\_

**REQUIRED:**

By signing this form, I am attesting that the information provided on/with it is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT SUBMIT PAYMENT WITH THIS FORM**

*DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY*

Conclusion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_