CITIZEN COMPLAINT FORM

City of Coffeyville
P. O. Box 1629 102 West 7th Street
Coffeyville, KS 67337
620-252-6108 phone 620-252-6175 fax

UTILITY BILLING

This form is to be used by any citizen wishing to make a formal complaint about utility billing.

Your Name _____ Phone _____

Your Address _____

Email address _____

Account Number _____

Service Address _____

Complaint:

_____

_____

_____

_____

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_____

_____

_____

Use back if additional room is needed.
Attach copies of documentation.

Return form to City Clerk's office, City Hall, 2nd floor

Signed _____ Date _____

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OFFICE USE:
Received by _____ Date _____

☐ City Manager
☐ Finance Director
☐ Customer Service Sup.
☐ W/WW
☐ Electric Department