

**Citrus County Office of Utility Regulation
3600 West Sovereign Path
Lecanto, FL 34461**

Tel: 352-527-5214 / Fax: 352-527-5204

Email: UtilReg@citrusbocc.com

Customer Complaint Form

Please check one: Water Utility Sewer Utility Water/Sewer Utility

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|---|--|
| Name of Account Holder (if different than your name) | |
| Your Name | |
| Date | |

| | |
|--------------------------|--|
| Service Address | |
| City, State and Zip Code | |

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|--|--|
| Mailing Address (if different from service address) | |
| City, State and Zip Code | |

| | |
|---|--|
| Telephone Number at the Service Address | |
| Daytime Contact Telephone Number (if different) | |

| | |
|---------------------|--|
| Utility's Name | |
| Your Account Number | |

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|--|--|
| Have you tried to contact and resolve the issue with the company in dispute? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

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|---------------------------------|--|
| If so, with whom did you speak? | |
|---------------------------------|--|

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|--|--|
| Date(s) you contacted the utility to discuss your concerns | |
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Please describe the concern or complaint you have in the space below:

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Use attachments if you have more to submit.

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| Do you want the Office of Utility Regulation to contact your utility on your behalf? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

Office Use Only:

| | |
|---------------------------|-------------------------|
| Assigned tracking number: | Utility Contact Person: |
| Resolved Date: | Phone Number: |