



City Refuse Billing Exception Claim Form

Pursuant to City of Gallatin Resolution R1508-43, **please complete this claim form and sign before a notary public** to request reimbursement for overpayment of refuse collection services fees, not to exceed 36 months.

- **Complete the claim form below, sign before a notary public** and return it to Public Works, Environmental Services Division, no later than **September 30, 2015**.
- The claims will be reviewed by the Public Works Superintendent, and you will receive a refund or a letter of explanation as to why the claim was denied. If your claim is denied, you have **10 days** from the date of denial to appeal to the Mayor.
- Please allow 60 days for review.
- Environmental Services will review past billing records and photos taken from the garbage collection trucks to verify only one can has been serviced.
- **If at any time two cans were serviced, or service for an additional can was requested, no refund will be issued.**
- If the City determines you are due a refund, we will reimburse you for up to 36 months of overpayment and until Nov. 30 for reimbursement.

The City apologizes for any confusion this issue may have caused. We are happy to rectify the error and provide reimbursement for up to 36 months, if you are eligible.

Date of application: _____

Name: _____

Address: _____

Telephone number: _____

Email Address: _____

How many trash containers have been serviced at your address? _____

How many trash containers have you been billed for? _____

For how long did the alleged inconsistency occur? _____ On what date was the billing corrected? _____

If you have calculated a dollar amount that you feel you have overpaid, please provide the amount: _____

I understand that if at any time two cans were serviced, or service for an additional can was requested, I will not receive a refund. I further understand that the maximum amount of reimbursement for billing errors is 36 months.

I certify that the above information is true and accurate to the best of my knowledge.

Signature of applicant (**Please sign in front of a notary public**)

STATE OF TENNESSEE
COUNTY OF SUMNER

Personally appeared before me, the undersigned, a Notary Public in and for said State and County duly commissioned and qualified, _____, with whom I am personally acquainted, and who acknowledged that _____ executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this _____ day of _____, 2015.

Notary Public

My Commission Expires: _____

(SEAL)