



Request for Reinstatement Fee Adjustment

Date: _____ Account #: _____

Amount Requested: \$ _____ Customer ID: _____

Owner Name: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Type of Adjustment: _____

Reason for Request: _____

Signature of Owner-

Date

Please Note: Approval is not guaranteed. This form must be fully completed by the deeded owner of the property with any supporting documentation attached. Please deliver to City Hall, return by mail or e-mail. ubinquiries@cityoflewiston.org • City of Lewiston • 1134 F St • PO Box 617 • Lewiston ID 83501

For Internal Use Only

Approved _____
Signature Date

Not Approved _____
Signature Date

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