



Request for Late Fee Adjustment

Date: _____ Account #: _____

Amount Requested: \$ _____ Customer ID: _____

Owner Name: _____

Phone Number: _____ Email: _____

Service Address: _____

Mailing Address: _____

Type of Adjustment: _____

Reason for Request: _____

Signature of Owner

Date

Please Note: Should an adjustment be approved it will be applied to the account within the next billing cycle from the date received by the Utility Billing Division. This form must be fully completed in order for the adjustment to be considered.

Please return to City Hall at 1134 F St or you may return by mail or e-mailed.
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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