CITY OF NORWALK DEPARTMENT OF PUBLIC WORKS SOLID WASTE ERROR/ APPEAL FORM	
Date:	
Name:	
Contact Phone Number:	
Email Address:	
Address:	
City/ State/ Zip:	
Account/Permit Number:	
Truck Number:	
Transaction Number:	
State the reason for your appeal. Attach additional pages if necessary.	

Your appeal will be reviewed and you will be notified within 10 business days of any action taken.

Send this form along with original Transaction Ticket(s), any invoice(s) you may have received, and any documents supporting your claims either by mail or in person to the address listed below.

City of Norwalk DPW
Solid Waste Appeal
15 S. Smith Street, 2nd Floor
Norwalk CT 06855

You must submit this form within twenty (20) days of either the Transaction Ticket or Invoice.
NO COPIES WILL BE MADE AT THE OFFICE