

CITY OF IOWA CITY UTILITY REVIEW BOARD

SEWER FEE ADJUSTMENT GUIDELINES

The City of Iowa City has developed a sewer fee adjustment system administered by the Utility Review Board. This is a part of our continuous effort to promote water conservation, offer educational information and provide technical evaluations to determine the cause of high water and sewer usage to our utility customers, when applicable. The Water, Wastewater and Revenue Divisions will cooperatively assist our customers in completing these evaluations and providing the knowledge on how to prevent high consumption in the future.

The Utility Review board reviews high wastewater claims and approves such based on the following criteria:

- ❖ If the account is more than 12 months old, the monthly high usage has to be 50% more than the average usage over the last 12 months; or if the account is less than 12 months, the high usage has to be 50% more than the industry standards;
- ❖ Complete the Utility Review Board application and return to our office within 20 days after a leak investigation/water audit was performed by the City, or 60 days after the date of high bill, **whichever occurs first**;
- ❖ Provide proof that any malfunctioning plumbing fixture that caused the high usage has been repaired (i.e. repair bill, parts bill which defines items purchased, etc);
- ❖ Make an attempt to recover monetary award if you have property or rental insurance coverage. If the claim was denied or not covered by the insurance, provide proof of that decision;
- ❖ Only one claim per account per address can be submitted over the last 12 month period;

Wastewater relief **will not** be awarded if any of the following is true:

- ❖ Water that was knowingly used by the customer, for instance watering sod, gardening, filling swimming pools or whirlpools, washing vehicles etc;
- ❖ Claims that were filed after the deadline(s) explained above;
- ❖ Proof of repair was not submitted;
- ❖ Has been awarded monetary relief for the high bill from other sources that equals or exceeds the possible relief amount by the Utility Review Board.

Calculation methods of approved relief:

- ✓ If the excess water usage **did not flow** into the City's wastewater treatment system:
Relief = (Excess sewer charges – average sewer usage) X 100%
- ✓ If the excess water usage **did flow** into the City's wastewater treatment system:
Relief = (Excess sewer charges – average sewer usage) X 50%

Claim for wastewater relief has to be submitted by the account holder. Any questions, please call 356-5066.

**REQUEST FOR WATER USAGE ADMINISTRATIVE REVIEW
TO DETERMINE ABATEMENT OF WASTEWATER FEES**

An Iowa City water account holder may request an administrative review of a high water bill and request abatement of the wastewater portion of the bill by completing this form. **This form must be completed and filed with a Customer Service Representative no later than sixty (60) calendar days after the date of the bill in question or twenty (20) calendar days after a leak investigation/water audit performed by the City Water Division, whichever occurs first.** Failure to request a review within this time period waives your opportunity for an administrative review. Claims will not be approved for usage above the customer's average monthly consumption due to watering of sod, gardening, filling swimming pools or whirlpools, washing vehicles, etc. as this describes water services knowingly used by the account holder/user.

**Return completed form to: Revenue Division, 410 E. Washington St., Iowa City, IA 52240
For questions call (319) 356-5066.**

TODAY'S DATE: _____

ACCOUNT HOLDER NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____ ZIP: _____

ACCOUNT NUMBER: _____

DATES(S) OF HIGH BILL(S): _____

- ◆ Describe the problem that led to the high bill(s) and describe what was done to fix or correct the problem. Proof of repair is required.

- ◆ Will you be receiving any monetary assistance from a third party for this high bill? Please list any sources.

- ◆ Will or have you submitted a claim with your homeowners' or renters' insurance company? If so, what has been the insurance company's response?

- ◆ How many people reside at the service address? Please list the age for each child, if any _____

Applicant's Name: _____ **Signature:** _____
(Print)

Phone #: _____ **Email:** _____

----- **OFFICE USE ONLY** -----

Appr: Y / N Date: _____ Reason _____ W S _____ % _____

Authorized Representative