

**CITY OF DULUTH STORMWATER UTILITY  
Customer Service Form**

Request ID Number:	Date:	Cust. Rep. Initials:
<b>Type of Request</b>	<b>Customer Information</b>	
General Information: _____	Account Number	_____
Credit Information: _____	Customer Name	_____
Flooding Problem: _____	Property Address	_____
Maintenance Issue: _____	Telephone Number	_____
Billing Inquiry: _____	Email Address	_____
Billing Dispute: _____		
Citizen Involvement Information: _____	Customer Type (Circle One)	
Other: _____	DSFR	ASFR      NSFR
_____		
_____		
<b>Customer Comments:</b>	_____	
	_____	
	_____	
<b>Response:</b>		
Question answered, no follow up needed.	_____	
Offered Application for User Fee Charge Review.	_____	
<b>Follow-up needed.</b>		
Referred Question to SW Utility Manager	_____	
<b>Additional Follow-up Required:</b>		
Follow-up assigned to:	Date Completed:	Initials:

**City Staff Contact Info:**  
**Tel. 770-476-1790**  
**Fax 770-814-3008**  
[stormwater@duluthga.net](mailto:stormwater@duluthga.net)