

MSD ACCOUNT REVIEW FORM

All information requested below (including documentation) is required.

Date Submitted: _____

How to submit this form:

EMAIL

SewerAdjustmentRequests
@cincinnati-oh.gov

MAIL

MSD Account Review Team
GCWW Billing Operations
4747 Spring Grove Ave.
Cincinnati, OH 45232

Name as it appears on the GCWW account:

Name of person submitting this form (if different):

GCWW Account Number: _____

Premise Address (where the leak occurred):

Street Address: _____

Mailing Address (where the bill is sent):

Street Address: _____

Apt #/Suite: _____

City, State: _____

Zip: _____

Daytime Telephone: () _____

Email Address: _____

Reason for the Request (limit 300 characters):

Date the Problem Occurred (dd/mm/yy): _____

Where the Water Drained:

Who Performed the Repair (**documentation required**):

Date the Problem was Repaired (dd/mm/yy): _____

Please attach documentation of occurrence and any additional information (e.g., copy of repair bill from plumber or responsible party, photos).