

# Customer Service Resolution Form



Date \_\_\_\_\_

Tracking # \_\_\_\_\_

Customer Name \_\_\_\_\_

Customer phone number \_\_\_\_\_

Customer Account # \_\_\_\_\_

Customer Location # \_\_\_\_\_

Billing Date \_\_\_\_\_

Total Amount \_\_\_\_\_

Usage Amount \_\_\_\_\_

Month in Question \_\_\_\_\_

Date of Last Service Request \_\_\_\_\_

Last Meter Reading \_\_\_\_\_

Customer Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Service Rep \_\_\_\_\_

Utility Customer Service Manager \_\_\_\_\_

Assistant Finance Director \_\_\_\_\_

Recommendation \_\_\_\_\_

\_\_\_\_\_

Customers will receive a decision from customer service within 30 days regarding their request.

**Email to: [waterbillingquestions@galvestontx.gov](mailto:waterbillingquestions@galvestontx.gov) or Fax: 409-242-2148**