

**Instructions**

Please complete all of the information on this form as completely and accurately as possible. Please use blue or black ink if filling this form out by hand. If your description of the billing dispute needs more room, please attach additional sheets to this form. Note: many questions may be answered by calling a Utility Service Specialist at our assistance number: 505-891-5020.

**Customer Information**

Date: \_\_\_\_\_

Account #: \_\_\_\_\_ - \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Address City State Zip

**Dispute Information**

Please describe the nature of your billing dispute in the space below:

**Acknowledgement and Signature**

I agree that the dispute reported is within 60 days or less of the original dispute.

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

**FOR DEPARTMENT USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_