

# MSD ACCOUNT REVIEW FORM

All information requested below (including documentation) is required.

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

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): \_\_\_\_\_

## How to submit this form:

### EMAIL

Click red submit button above  
or email to:

SewerAdjustmentRequests  
@cincinnati-oh.gov

### MAIL

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

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