Appeal Bill

If you wish to appeal your bill, please complete this form. You must submit an appeal within 10 days of receiving your bill.

Customer Name: _____ EMWD Account Number: _____

Please state your reason(s) for appealing your bill: _____

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Customer Signature: _____ Date: _____

Please submit form via:

Email: customerservice@emwd.org
Mail: EMWD, Attention Customer Service, PO Box 8300, Perris, CA 92572
In Person: EMWD, 2270 Trumble Road, Perris CA 92570