



**CITY OF LARAMIE**

Administrative Services Department  
PO BOX C  
Laramie, Wyoming 82073

PHONE: (307) 721-5222

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**Sewer Residential Request for Re-Evaluation**

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

Account Number: \_\_\_\_\_ - \_\_\_\_\_

Address of Service: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

Phone Number and/or Email Address for Follow-Up:

\_\_\_\_\_

Brief description of reason for request for re-evaluation of sewer residential:

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\_\_\_\_\_  
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\_\_\_\_\_  
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Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Internal Use Only**

Form Written by: \_\_\_\_\_ Date: \_\_\_\_\_

H.T.E. Changes made by: \_\_\_\_\_ Date: \_\_\_\_\_