



CITY OF LARAMIE
Administrative Services Department
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Laramie, Wyoming 82073

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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:

Resolution:

Internal Use Only	
Form Written by: _____	Date: _____
H.T.E. Changes made by: _____	Date: _____