



Account Review Request Form

GNHWPCA is committed to providing our customers complete and detailed information regarding account billing and activity. In order for us to better serve you, this form must be completed in its entirety and returned to us by fax, email, or standard U.S. mail.

Disclaimer: Please note that this review process does not extend payment due dates, nor does it prevent collections activity. Accounts under review and/or in dispute are subject to standard payment guidelines (refer to Customer Rights, which can be found at www.gnhwpca.com if not included with this package). This review process does not guarantee account adjustments.

Date: _____ Account Number: _____

Bill Date: _____

Name: _____ Phone: _____

Service Address: _____

Mailing Address: _____

(If different from Service Address)

Reason for review (please describe concern and attach copies of any supporting documents):

Requestor Signature

Please remit by U.S. mail to:

GNHWPCA
260 East St, New Haven, CT 06511
Attn: Customer Service Department

Fax: 203-776-2196

Email: customerservice@gnhwpca.com