CLEVELAND PUBLIC POWER ARBITRATION PANEL REQUEST FORM

| NAME: | |
|---|--|
| SERVICE ADDRESS: | |
| ACCOUNT NUMBER: | |
| DATE: | DAYTIME PHONE NUMBER: |
| EMAIL ADDRESS: | |
| Reason for Request (if additional spa | ace is needed please attach to form) |
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| - | ant of the above referenced property, and request a hearing before the CPP the contested outstanding balance on this account. |
| PROPERTY OWNER/TENANT SIGN | ATURE: |
| Please Note: If your request is f case is heard before the board. | ound eligible, your account will be placed on hold from any collections activities until your |
| If you have any questions, please | contact CPP Customer Service (216) 664-4600. |
| Bring to CPP Customer Set Email request form to Rev Mail all documents to CPP | document and all required information by using one of the following methods: rvice Representative located inside the Public Utilities Building at 1201 Lakeside Avenue iewBoard@cpp.org Arbitration Panel, 1300 Lakeside Avenue East, Cleveland, Ohio 44114 P Arbitration Panel (216) 420-7514 |
| CPP Customer Service Representation | /e |
| SIGNATURE: | |
| | |