

NAME:	
SERVICE ADDRESS:	
ACCOUNT NUMBER:	
DATE:	DAYTIME PHONE NUMBER:
EMAIL ADDRESS:	
	space is needed please attach to form)
-	tenant of the above referenced property, and request a hearing before the CPP ng the contested outstanding balance on this account.
PROPERTY OWNER/TENANT S	IGNATURE:
Please Note: If your request case is heard before the board	is found eligible, your account will be placed on hold from any collections activities until your d.
If you have any questions, ple	ase contact CPP Customer Service (216) 664-4600.
Bring to CPP CustomerEmail request form toMail all documents to	ed document and all required information by using one of the following methods: Service Representative located inside the Public Utilities Building at 1201 Lakeside Avenue cpparbitrationpanel@cpp.org CPP Arbitration Panel, 1300 Lakeside Avenue East, Cleveland, Ohio 44114 FCPP Arbitration Panel (216) 420-7514
CPP Customer Service Represen	tative
SIGNATURE:	
DATE RECEIVED :	