



VILLAGE OF BEECH BOTTOM

11 THIRD STREET
P. O. BOX 100
BEECH BOTTOM, WV 26030

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WATER CUSTOMER COMPLAINT FORM

Date: _____ Time: _____

Your Name: _____ Phone #: _____

Your Street Address: _____

Your City: _____ State: _____ Zip: _____

Reason for Complaint:

Complaint Received By: _____

DISPOSITION (Office Use Only)

Date & Time of referral: _____

Person Referred To: _____

Field/Office Identification of Problem: _____

Corrective Action taken: _____

Date of referral to Public Service Commission (PSC): _____

Means of referral to PSC: ___ Telephone ___ Mail ___ Other (describe) _____

Contact person at PSC: _____

Follow-up Date: _____ Follow-up Person: _____

Follow-up Comments: _____