

**Citrus County Water Resources Department  
 1300 S Lecanto hwy  
 Lecanto, FL 34461  
 Tel: 352-527-7650/ Fax: 352-527-7644**

**Customer Complaint Form**

**Please check one:**     Water/Sewer Utility                       Billing

Your Name	
Name of Account Holder (if different than your name)	
Date	

Service Address	
City, State and Zip Code	

Mailing Address (if different from service address)	
City, State and Zip Code	

Your Contact Telephone Number	
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Your Account Number	
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Have you tried to resolve the issue with the Billing Office	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If so, with whom did you speak?	
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Date(s) you contacted the utility to discuss your concerns	
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**Please describe the concern or complaint you have in the space below:**


**Use attachments if you have more to submit.**

Do you want the Water Resources Department to contact you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Office Use Only:

Assigned tracking number:	Utility Contact Person:
Resolved Date:	Phone Number: