



SAN BERNARDINO COUNTY AGRICULTURE / WEIGHTS & MEASURES
 CONSUMER PROTECTION DIVISION
 777 E. RIALTO AVENUE, SAN BERNARDINO, CA 92415-0720
 TELEPHONE (909) 387-2140 • TOLL FREE (800) 734-9459 • FAX (909) 387-2449
 EMAIL: awm@awm.sbcounty.gov

Submeter Complaint Form

(*Required information)

Resident Information

Location Information

(Mobile Home Park, Apartments, etc.)

*Your Name:	*Location Name:
*Phone Number:	*Address:
*Space Number:	*City, State, Zip:
Move-in Date:	Onsite Manager Name:
Own or Rent Home?:	Office Phone Number:

*Please check the box next to the meter and/or billing that you would like to make a complaint against:

Electric Natural Gas Water

*For the above selection(s), I have specific concerns with respect to:

- Meter Accuracy/Proper Function
- Meter Reading(s)
- Billing (correct rates, bill calculation, application of discounts, etc.)

Comments:

*I am enrolled in the following Discount Program(s), please check the box next to those that apply:

Natural Gas:	<input type="checkbox"/> CARE	<input type="checkbox"/> Medical Baseline	<input type="checkbox"/> None
Electric:	<input type="checkbox"/> CARE/FERA	<input type="checkbox"/> Medical Baseline	<input type="checkbox"/> None

YOUR COMPLAINT IS IMPORTANT TO US. YOU MUST COMPLETE AND CERTIFY TO THE FOLLOWING; FAILURE TO DO SO MAY CAUSE A DELAY AND/OR PREVENT OUR OFFICE FROM PROPERLY AND THOROUGHLY INVESTIGATING YOUR COMPLAINT.

____ (initial here) *I have notified the Onsite Property Manager/Owner of my concerns regarding my submetered utility billings as described above AND I have allowed them a reasonable amount of time to respond to my concerns.*

____ (initial here) *I have attached copies of the THREE most recent billings, including the billing(s) in question. **IMPORTANT!** Billings need to include all of the following: meter readings, read-dates, usage, rates, taxes, fees etc. Complainant may also wish to provide billings from the same three months from last year.*

Resident Signature _____ Date: _____

***Please see page 2 for additional information and optional questionnaire

(see over)



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YOUR COMPLAINT IS IMPORTANT TO US. PLEASE ANSWER THE FOLLOWING OPTIONAL QUESTIONS TO THE BEST OF YOUR ABILITY SO WE MAY MORE EFFECTIVELY INVESTIGATE YOUR COMPLAINT AND PROVIDE YOU WITH A BETTER UNDERSTANDING OF YOUR SUBMETERED UTILITY BILLINGS.

I heat my home using appliances that use: Gas Electric Gas & Electric

How many heaters does your home have? _____

My water heater runs on: Gas Electric

My clothes dryer runs on: Gas Electric

I cool my home using: An Air Conditioning Unit An Evaporative Cooler (“Swamp Cooler”)

In the warmer summer months, I set my thermostat at _____ (Degrees Fahrenheit)

In the colder winter months, I set my thermostat at _____ (Degrees Fahrenheit)

How old is your heater? _____ When was the last time your heater was serviced (maintenance)? _____

Last time air filters cleaned/replaced? _____ Air ducts checked? (forced air) _____

How old is your air conditioner/evaporative cooler? _____ Last time serviced (maintenance) _____

Is your water meter indicating use even with all water sources turned off? _____

Have you checked your water heater for any leaks? _____

Number of people at this residence _____

Has the number of people at this residence recently changed? _____

FOR DEPARTMENT USE ONLY: INSPECTION NOTES AND SUMMARY OF RESULTS		
COMPLAINT#	INSPECTOR INITIAL:	SUMMARY:
DATE OPENED:	DATE CLOSED:	
CERTIFICATE#:	NOTICE OF VIOLATION#:	
RECEIVED BY:		
COMPLAINT VERIFIED:	YES NO	