

BEDFORD CITY UTILITIES
Tax Refund Exchange and Compliance System
(TRECS)

APPEAL FORM

Account number: _____

Name on account: _____

Account address: _____

Current address: _____

Cell phone: _____ Home phone: _____

If you rented this property, property owner name: _____

Please explain the reason for the appeal:

Account holder signature: _____ Date: _____

*****Office use only*****

Hearing date _____ Hearing officers _____

Hearing determination: Approved _____ Denied _____ Comments: _____

If you disagree with the written decision you may file an action with the circuit or superior court.