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Customer Assistance

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Complaint/Inquiry Form

To file a complaint, please complete the form below. Required fields are marked with a red asterisk (*).

* Complaint type: ▼

* Account Type: ▼

* First Name:

* Last Name:

Business Name:

* Street Address:

Address 2:

* City:

* State: ▼

* Zip:

County:

* Primary Phone Number:

Secondary Phone Number:

* E-mail:

If different from the address above

Mailing Address:

Address 2:

City:

State: ▼

Zip:

* Utility Company Name:

Account Number:

(or phone# for telephone complaints)

* Problem Description:(Maximum of 1000 characters)

- [Complaint/Inquiry Form](#)
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2/24/23, 12:50 PM

Board of Public Utilities | Customer Assistance

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