



Billing Dispute Request Form

Date of Request

Account Type

- Residential
- Non-Residential

Business Name: _____

Service Holder's Information

Name _____

Phone Cell _____ Home _____ Work _____

Email _____

Mailing Address _____

Service Address _____
(if different from mailing)

BWS Account # _____

Bill Date(s) in Dispute: _____

Amount(s) in Dispute:

Reason for the Billing Dispute:

Specific Adjustments to the Bill You Are Requesting:

Service Holder Signature

Date

Submit completed form to:
Honolulu Board of Water Supply | Customer Care Division
630 South Beretania Street | Honolulu, Hawaii 96843-0001
Email: customerservice@hbws.org | Online Form: [Submit Now](#)