



# VIRGIN ISLANDS WATER AND POWER

P.O. BOX 1450,  
St. Thomas, Virgin Islands  
00804-1450  
TELEPHONE: (340) 774-3552  
FAX: (340) 715-6574

## **CUSTOMER BILLING DISPUTE FORMS**

**Directions:** Please complete this form and provide all requested documentation in order to ensure timely processing and investigation of your claim. If more space is needed for your request, please attach additional pages.

### **YOUR INFORMATION**

Today's Date		Account Number
Your Name		
Account Holder		
Service Address		
Service Address cont.		
Mailing Address		
Mailing Address cont.		
Phone Number(s)		
E-mail		

### **Please specify the type of dispute**

- ☐ **Water:** Water bill dispute.
- ☐ **Electric:** Electrical bill dispute.
- ☐ **Miscellaneous:** Anything outside of the categories above.

**VIWAPA Dispute Form**

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Last Updated 8/25/2025

**DISPUTE INFORMATION**

Date of Dispute	Time of Dispute
Did you contact WAPA about this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when did you first make contact (please indicate date):	
Which WAPA department did you report the incident to?	
Amount of adjustment/credit sought:	

Please use the space provided below to describe to us in detail, the incident that you are reporting. If additional space is needed, please attach additional paper. Please note, we cannot process your dispute without a detailed account of the incident.

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**VIWAPA Dispute Form**

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By submitting this dispute, I certify that the information submitted is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Submitting Dispute

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Submitting Dispute

**To expedite the dispute process, please submit the following documents along with your dispute form:**

- (1) Copy of the customer's utility bill(s) in dispute (water/electricity)
- (2) Copies of payment receipts
- (3) Customer correspondence (emails, letters, or call logs related to dispute)
- (4) Photographs or any additional information that would validate the dispute

Please submit this form as well as the additional documentation to:

**St. Croix Business Office:**  
**Customer Service Department**  
**Customer.Service@viwapa.vi**  
**P.O. Box 1450**  
**St. Thomas, VI 00804**  
**Phone: (340) 773-2250 Option 5**

**St. Thomas Business Office:**  
**Customer Service Department**  
**Customer.Service@viwapa.vi**  
**P.O. Box 1450**  
**St. Thomas, VI 00804**  
**Phone: (340) 774-3552 - Option 5**

**St. John Business Office:**  
**Customer Service Department**  
**Customer.Service@viwapa.vi**  
**P.O. Box 1450**  
**St. Thomas, VI 00804**  
**Phone: (340) 774-3552 Option 5**