



WATER / SEWER ACCOUNT BILLING ADJUSTMENT REQUEST FORM

Water Review meets the Monday of the Month at 9 am
at the City Hall Annex, 912 Avenue, East Moline.

Please plan to attend this meeting so that you can present your case

Service Address: _____ **Date:** _____

Requested by: _____ **Contact #:** _____

Amount of Adjustment Requested \$ _____

Explanation of Why Adjustment is Requested:

Dear Resident: This form must be submitted prior to the last day of the month for it to be considered at the next months Water Review meeting. **Please plan on paying your average monthly bill if the due date passes before the water review meeting.** This will avoid you being responsible for any late fees if the committee grants your request for an adjustment.

FOR OFFICE USE ONLY:

Date of Water Review: _____ Fin Dir _____

____ Approved Amount of Adjustment _____

____ Denied Water Account # _____

Other: _____
