



WATER / SEWER ACCOUNT BILLING ADJUSTMENT REQUEST FORM

Water Review meets the 2nd Monday of the Month at 8:30 am
at the City Hall Annex, 912 16th Avenue, East Moline.

You MUST 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. Submission of this form is not a guarantee that an adjustment will be granted.

FOR OFFICE USE ONLY:

Date of Water Review: _____ Fin Dir _____

____ Approved Amount of Adjustment _____

____ Denied Water Account # _____

Other: _____

