



CITY OF EAST MOLINE

**WATER/SEWER ACCOUNT  
BILLING ADJUSTMENT REQUEST FORM**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different than service address): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Adjustment Amount Requested: \_\_\_\_\_ Date of Charges: \_\_\_\_\_

**Leak Adjustment Guidelines:**

- Customer must submit this billing adjustment form and include original repair bill, if applicable.
- Customer may be permitted one (1) leak credit per year (i.e. twelve (12) consecutive billing periods).
- The adjustment can only be applied to the customer account active at the time of the leak and will only be applied to the time period of the leak, not to exceed 2 consecutive months.
- Excess water use shall mean the amount of water used over the average usage of the preceding three (3) billing periods or the actual usage for the same billing period for the prior three (3) years; whichever is greater.
- No Guarantee of Adjustment. Completion of this form does not guarantee an adjustment will be made.

**Type of Leak:** Irrigation Toilet Pipe Spigot Other: \_\_\_\_\_

**Original Repair Invoice/Receipt Attached:** Yes No N/A

Provide a brief description of the leak/repair and the action(s) taken: \_\_\_\_\_

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Please return this form and documentation to: City of East Moline Finance Department, 915 16<sup>th</sup> Avenue, East Moline, IL 61244; email to: [awhiting@eastmoline.com](mailto:awhiting@eastmoline.com). If you need further assistance, please contact (309) 752-1530.

**INTERNAL USE ONLY**

Approved

Denied

Date Received: \_\_\_\_\_ Amount of adjustment: \_\_\_\_\_

Other: \_\_\_\_\_

Date Customer Notified: \_\_\_\_\_ Method of notification: \_\_\_\_\_

Finance Director Signature: \_\_\_\_\_