



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 in a 36-month period (36 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: _____

Please return this form and documentation to: City of East Moline Finance Department, 915 16th Avenue, East Moline, IL 61244; email to: krodriquez@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: _____