Name as it appears on water bill: 

Service address: 

Service period: 

Mailing address: 

Month(s) that dwelling unit was vacant (do not check partial months): 

Year: 20___

I declare that I have examined this claim form and accompanying documentation and to the best of my knowledge and belief it is true and correct. I further declare that the fee for which this rebate is applied for, has been paid by myself and no refuse was collected from the service address listed above during the months checked above.

Signature of Owner/Occupant ____________________________ Date ______________

This claim form, copy of water bill(s) covering the month(s) identified above, and payment documentation must be postmarked or delivered to the City of Peoria - Finance Department on or before the following dates:

Claim for months of: January - April May - August September - December on or before May 31st on or before September 30th on or before January 31st

Mail or deliver to: City of Peoria
419 Fulton Street, Room 106
Peoria, Illinois 61602

Questions - Phone: (309) 494-8550 Email: Finance@ci.peoria.il.us

This blank form may be copied as needed or may be downloaded from www.ci.peoria.il.us, Department Focus, Finance, Forms.