



City of Chicago
 Department of Revenue
 Water Billing & Collections Division
 333 S. State St, LL10
 Chicago, Illinois 60604

Application for Refund

***Account Number:** _____
Customer Code Premise Code

***Premise Address:** _____

***Owner/ Applicant Name:** _____
(as currently listed on bill) Last First

***Phone Number:** _____ **Email Address:** _____

*** Property Index Number:** _____ - _____ - _____ - _____ - _____
(Found on Property Tax Bill)

***Applicant Relationship to Property:** _____

***Amount of Refund Requested:** _____

***Mail Refund to:** _____

In order to process your refund, you must provide:

- **Proof of all applicable payments resulting in the credit balance now showing on your account. Including, copies of the front and back of all check(s), copies of credit card charges, money orders, receipts, et cetera.**

The undersigned Applicant on oath deposes and says that (s)he paid all water bills for above premise and that (s)he is subject to penalties for perjury for falsification herein.

Print Name: _____

Signature: _____ **Date:** _____

**Required Field*

<u>For Office Use Only</u>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
By: _____
Voucher #: _____
Amount of Refund: _____
Date: _____
Reason: _____

Mail application to:
 Department of Revenue
 Water Billing & Collections Division
 Refund Unit
 333 South State Street, Room LL10
 Chicago, Illinois 60604-3979