

City of Peoria, Illinois
Claim for Rebate of
Refuse Collection Fee



Name as it appears
on water bill:

Service address:

#	Street	City	State	Zip
---	--------	------	-------	-----

Service period:

Mailing address:

#	Street	City	State	Zip
---	--------	------	-------	-----

Illinois American Water Company
account number:

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

Year: 20

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

January
February
March
April
May
June

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

July
August
September
October
November
December

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.

Office Use Only

Vendor #:

Received/Postmark date:

Verified

☐ Approved

by:

☐ Denied

Date:

Amount: \$

Finance Director/Comptroller