



REQUEST FOR ABATEMENT AUTHORIZATION FORM

CITY OF ALTON, ILLINOIS

101 E Third • Suite 104 • Alton, Illinois 62002

Telephone: (618) 463-3550

Fax: (618) 463-2890

E-mail: billing@cityofaltonil.com

Website: www.cityofaltonil.com

5-2-8 (B) of the City Code provides that the monthly refuse charge shall be abated on the thirty first day after a residential dwelling unit has continuously been without actual water service available and provided to that residential dwelling unit and shall continue to be abated for so long as there remains no water available and provided to the residential dwelling unit. No abatement shall be effective prior to the date the office of the city comptroller receives this REQUEST FOR REFUSE FEE ABATEMENT, properly completed and verified by Illinois American Water.

The undersigned states that residential dwelling unit at

_____, Alton, Illinois, has been continuously without actual water service available and provided since the _____ day of _____, 20_____.

Dated this _____ **day of** _____, **20**_____.

Signature of Applicant

Printed Name

Current Address & Phone Number

Date Received in Office

***The Applicant MUST notify the office of the City Comptroller within twenty-four hours after restoration of water services.
If submitting electronically, please email to billing@cityofaltonil.com***