

HIGH USAGE WAIVER REQUEST

**CHILLICOTHE MUNICIPAL
WATERWORKS**

CONTACT INFORMATION

Name: _____

Address: _____ Phone Number (309) _____

_____ Email: _____

Account of how water was used:

PROPERTY OWNER OR REPRESENTATIVE MUST BE PRESENT AT THE COMMITTEE MEETING

Dates of when water was used: From: _____ To: _____

I want this presented to Public works committee prior to submitting to the Sanitary District

I want this to go directly to the Sanitary District

Signature: _____

Date: _____

Superintendent of Public Works Review

Superintendent of Public Works Investigation report and recommendation:

Committee Determination Approved Rejected

Date: _____
Amount of Waiver Granted: _____