

CHILLCOTHE MUNICIPAL WATERWORKS

HIGH USAGE WAIVER REQUEST

CONTACT INFORMATION

Name: _____

Address: _____ Phone Number (309) _____

_____ Email: _____

Account of how water was used:

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

Signature: _____ Date: _____

Superintendent of Public Works Review

Superintendent of Public Works Investigation report and recommendation:

Committee Determination Approved Rejected Date: _____ Amount of Waiver Granted: _____

