



Village of Streamwood  
301 E Irving Park Road  
Streamwood, IL 60107  
630-736-3810  
www.streamwood.org

## Request for Hearing Water and Sewer Service

**\*Please complete the top portion of this form and return it to the above address, attention Finance Department.**

### *Resident Portion*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Streamwood, IL 60107

Phone Number: \_\_\_\_\_

Water Account Number: \_\_\_\_\_

Currently enrolled in EFT? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for hearing request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this request, I am confirming the above facts to be true and correct.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### *Finance Portion*

Hearing Date: \_\_\_\_\_

Hearing Officer/Title: \_\_\_\_\_

Hearing Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing Officer Signature: \_\_\_\_\_

Date \_\_\_\_\_