



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: _____

Email: _____

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.

****Payment arrangement will be due by the 20th of each month to avoid shut-off****

Resident Signature: _____

Date: _____

Finance Portion

Hearing Date: _____

Hearing Findings:

Resolution:

Hearing Officer Signature: _____

Date _____