



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 or email finance@streamwood.org with Subject: Request for Hearing.**

Resident Portion

Name: _____

Address: _____

Streamwood, IL 60107

Phone Number: _____

Email: _____

Water Account Number: _____

Currently enrolled in EFT? Yes ___ No ___

Reason for hearing request:

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

Electronic Signature Agreement *I understand that by entering my name in the space below I am affixing my electronic signature to this Hearing Request. My electronic signature shall have the same effect as my handwritten signature.

Resident Signature: _____ Date: _____

Finance Portion

Hearing Date: _____

Hearing Findings:

Resolution:

Hearing Officer Signature: _____

Date _____