

Revenue Division
PO Box 8003
Davenport, Iowa 52808-8003
(563) 326-7707
www.cityofdavenportiowa.com

ABG 5TH ST LOFTS LLC
Customer #: 90922
Account #: 4300210495
Invoice #: 7110433
100.37 DUE ON 03/28/2023

Service Address
500 IOWA ST

ABG 5TH ST LOFTS LLC
C/O OREM-ARTISAN
PO BOX 71274
CLIVE, IA 50325

		Service Period		Days	Bill Date
		From	To		
		12/31/22	01/31/23	31	02/27/23
Description	Usage	Unit	Rate	Amount Due	
CLEAN WATER FEE MONTHLY	1	ERU	\$48.96	\$48.96	
Previous Balance	Payments	Adjustments	Balance Forward	Current Charges	
\$100.37	\$48.96	\$0.00	\$51.41	\$48.96	
AMOUNT DUE BY 03/28/2023				\$100.37	
AMOUNT DUE AFTER 03/28/2023				\$102.82	

For questions regarding our billing, please refer to the instructions on the back. Additional questions can be answered by calling our Customer service at 563-326-7707.

WE APPRECIATE YOUR PROMPT PAYMENT!

SAVE YOURSELF A CALL. IF YOU NEED TO START/STOP CITY UTILITIES OR CHANGE YOUR MAILING ADDRESS, CONTACT IOWA AMERICAN WATER AT 866-736-6420. THEY WILL TAKE THE INFORMATION FOR YOUR WATER SERVICE AND THEN PROVIDE THE UPDATE TO THE CITY AUTOMATICALLY.

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10086042023007110433500000100370

Amount Paid: \$

Send Payment to: City of Davenport
Revenue Division
P.O. Box 8003
Davenport, IA 52808-8003

Payment and Dropbox Locations

City Hall - Revenue
226 W. 4th Street
Davenport, IA 52801-1398
(563) 326-7707
M-F 8:00 am - 5:00 pm

Public Works
1200 E. 46th Street
Davenport, IA 52807-1016
(563) 326-7732
M-F 7:00 am - 4:30 pm

Payment Options

We currently accept Visa, MasterCard and Discover at both payment locations and online. There are no added fees for credit card payments. Please visit our website at www.cityofdavenportiowa.com to make an online credit card payment

We now accept payments over the phone via credit card, please call 1-844-DVNPRT1 or 1-844-386-7781.

ACH - Automatic Clearing House. Have your sewer bill payment automatically withdrawn from your checking account by completing the form and submitting it along with a voided check. Any balance on your account prior to setting up ACH will need to be paid by check, cash or credit card.

Checks may be processed as an electronic transfer and may not be returned by your bank. Funds may be debited on the same day that the payment is received. Post-dated checks will be processed on the day they are received. Checks with insufficient funds received by the City for any reason will be assessed a \$25.00 processing fee and if left unpaid may be turned over to the Scott County Check Offender Program.

City Utility Payment Procedures

The City requires payment within a minimum of twenty (20) days of the billing date on the invoice to avoid penalty. Delinquent invoices will be assessed a penalty of five percent and a delinquent notice will be mailed to the customer. After sixty (60) days, delinquent accounts will be certified to the Scott County Treasurer as a levy against the property. A notice of levy will be sent by the Scott County Treasurer to the property owner. Certified invoices must be paid to the Scott County Treasurer. Any property having an unpaid levy is subject to tax sale. If the property cannot be certified, the account will be turned over to Municipal Collections of America (MCOA) and the State of Iowa to participate in the Iowa Income Offset program. A \$25 collection fee will also be assessed. If you have received a collection call, please call MCOA at 877-751-7115.

GO GREEN! You can now receive your utility bill electronically! Simply go to our website at www.cityofdavenportiowa.com and click on the Online Payments icon. Once you sign up, you will receive an email when your bill is available to view online.

Authorization for Direct Payment Automatic Bill Payment

Company Name **City of Davenport, Iowa** (the "Company")

I (we) authorize the Company to initiate variable entries to my account described below.

Checking Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature _____

Full Name _____

Address _____

Date _____

Telephone No. _____

Billing Account No. 4300210495

(Optional - For Joint Account)

Signature _____

Full Name _____

Date _____

Telephone No. _____

For Company Use: Representative _____ Location _____

Attach Voided Check