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

ABG DAVENPORT CRESENT LOFTS LL PO BOX 71274 CLIVE, IA 50325-0274

ABG DAVENPORT CRESENT LOFTS LL

Customer #: 91065 Account #: 9110064620 Invoice #: 7126998 702.80 DUE ON 04/24/2023

> Service Address 427 IOWA ST

			Service Period		Davis	Dill Dete
			From	То	Days	Bill Date
			01/25/23	02/21/23	27	03/31/23
Description		Usage	Unit	Rate	Amount Due	
SEWER MONTHLY CUSTOMER CHARGE		1		\$21.84	\$21.84	
SEWER FLOW RATE		103	CCF	\$5.72	\$589.16	
CLEAN WATER FEE MONTHLY		1	ERU	\$91.80	\$91.80	
Previous Balance	Payments		Adjustments	Balance Forward	Current Charges	
\$903.00	\$903.00		\$0.00	\$0.00	\$702.80	
	AMOUNT DUE BY			04/24/2023	\$702.80	
		AMOU	NT DUE AFTER	04/24/2023	\$737.94	

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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Amount Paid: \$.

Send Payment to: City of Davenport

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702.80 DUE ON 04/24/2023

Service Address 427 IOWA ST

91065

7126998

9110064620

Customer #:

Account #:

Invoice #:

Revenue Division P.O. Box 8003 Davenport, IA 52808-8003

10086042023007126998900000702803

CLIVE, IA 50325-0274

PO BOX 71274

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 Have your sewer bill payment automatically withdrawn from your checking account by completing the form and submitting it along with a voided check.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 lowa to partcipate in the lowa 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. (Optional - For Joint Account) Full Name Address _____ Full Name Date ____ Telephone No. Telephone No. ____ Billing Account No. 9110064620

For Company Use: Representative _____ Location _____