

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

ABG SIEG IRON LOFTS LLC OREM-ARTISAN

Customer #: 91064
Account #: 9110020782
Invoice #: 7127000

647.65 DUE ON 04/24/2023

Service Address
320 E 4TH ST

ABG SIEG IRON LOFTS LLC OREM-ARTISAN
P.O. BOX 71274
CLIVE, IA 50325

		Service Period		Days	Bill Date
		From	To		
		01/25/23	02/21/23	27	03/31/23
Description	Usage	Unit	Rate	Amount Due	
SEWER MONTHLY CUSTOMER CHG TAX	1		\$21.84	\$21.84	
SEWER FLOW CCF TAXABLE	102	CCF	\$5.72	\$583.44	
IOWA SALES TAX	1	EACH	\$42.37	\$42.37	
Previous Balance	Payments	Adjustments	Balance Forward	Current Charges	
\$874.10	\$874.10	\$0.00	\$0.00	\$647.65	
AMOUNT DUE BY 04/24/2023				\$647.65	
AMOUNT DUE AFTER 04/24/2023				\$680.03	

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

10086042023007127000300000647651

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 Have your sewer bill payment automatically withdrawn from your checking account by completing the form and submitting it along with a voided check.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. 9110020782

(Optional - For Joint Account)

Signature _____

Full Name _____

Date _____

Telephone No. _____

For Company Use: Representative _____ Location _____

Attach Voided Check