



# CITY OF CHICAGO CLAIM FORM

(Excessive Charges On Water Bills)

**1. Claimant's Name:** \_\_\_\_\_

(Last, First, Middle)

**2. Mailing Address:** \_\_\_\_\_

**3. City/State/Zip Code:** \_\_\_\_\_

**4. Telephone Number:** \_\_\_\_\_

(Day and Evening)

**5. Water Account Number:** \_\_\_\_\_

**6. Billing Address:** \_\_\_\_\_

**7. Billing Period In Question:** \_\_\_\_\_

**8. Nature of Claim:** \_\_\_\_\_

**9. Attach: Dated plumbers bill citing findings and/or repairs.**

**10. Attach: Computer printout sheet from Department of Water.**

**11. Are you the Owner of the Property?:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**12. Signature of Claimant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Mail the completed form, along with any required supporting evidence to:

**Office of the City Clerk  
Attn: Claims  
121 N. Lasalle St.  
Room 107  
Chicago, IL 60602-1295**