

CITY OF HICKORY HILLS

8652 WEST 95TH STREET
HICKORY HILLS, ILLINOIS 60457
PHONE (708) 598-4800 • FAX (708) 430-6245



APPLICATION FOR SENIOR CITIZENS

WAIVER OF MINIMUM MONTHLY WATER CHARGE

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____

I hereby certify that I am the property owner of record at the above address and that I am (my spouse is) 65 years of age. I understand I will be charged only for the water used as opposed to the quarterly minimum usage.

SIGNED _____ DATE _____

For office use only

Employee initials for ID verification _____

Utility Account No. _____

Processing Date _____

Credit for refuse pick up _____

Change acct class to S _____