



City of Chicago Department of Finance
Utility Billing & Customer Service
P.O. Box 6330
Chicago IL 60680-6330

Application for Refund

Account Number: _____

Service Address: _____

Owner/Applicant Name: _____

Phone Number: _____ **Email Address:** _____

Applicant's Relationship to Property: _____

Refund Amount Requested: _____ **Transaction Date:** _____

Make Refund Check Payable To: _____

Refund Check Mailing Address: _____

In order to process your refund, you must provide proof of all applicable payments resulting in the credit balance now showing on your account. This includes copies of the front and back of all checks or money orders, credit card statements or transactions, receipts, etc.

The undersigned applicant on oath deposes and says that s/he paid all utility bills for the above premise and that s/he is subject to penalties for perjury for falsification herein.

Print Name: _____

Signature: _____ **Date:** _____

Return application to:

Chicago Department of Finance
Utility Billing & Customer Service
P.O. Box 6330
Chicago IL 60680-6330

Or email to:

utilitybill@cityofchicago.org

Office Use Only

Approved Denied

By: _____

Date: _____

Voucher: _____

Refund Amount: _____

Reason: _____