

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 at the rate of \$4.05 per one thousand gallons as opposed to the quarterly minimum usage of 12,000 gallons.

SIGNED _____ DATE _____

For office use only

Employee initials for ID verification _____

Utility Account No. _____ Processing Date _____