



Village of Rochester
Incorporated in 1869

Water Fee Adjustment
Request

Name _____ Phone _____

Address _____

Account Number _____

Reason for Adjustment _____

Signature _____

Date _____

**For Sewer Adjustments Contact Sangamon County Water
Reclamation District at 217-528-0491**

*****For Official Use Only*****

Notes from Office Staff _____

Denied _____ Approved _____ For Amount \$ _____

Water Trustee Signature _____ Date _____