



Avon Stormwater Utility Refund Request Form

Please fill out the form completely. All statements and receipts should be attached to the form and emailed to bporter@avongov.org

Dates of Billing 04/01/2021 - 09/01/2021

Name on Bill Marland & Tanya Villanueva

Account No. 13003

Phone _____

Email _____

Send Check to (Name) Marland & Tanya Villanueva

Address Line 1 1892 Water Oak Ct

Address Line 2 _____

City/State/Zip Avon, IN 46123

Brief Description of Issue

Overpayment

Amount to Refund \$36.00

Approved By _____

Clerk-Treasurer Use Only

Check Number _____ Amount _____ Date _____

Appropriation _____