

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



Application for Garbage Credit

Customer Name: _____ Account #: _____

Service Address: _____

City

State

Zip

Phone #: _____ Email: _____

This is to verify that the residence at _____ has been or will be
(address)

vacant from _____ to _____
(date) (date)

Reason for vacancy (vacant, remodel, for sale, vacation, etc.): _____

Meter reading: _____

Customer's Signature

Date

Please Note: Credit will be issued after property has been vacant for a period of not less than two (2) full months where there is no water usage. Garbage fees shall be reinstated when the property is again occupied or when the water usage exceeds 1,000 gallons. (City Code: Chapter 50, Section 50.06, (B))