



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 Over payment on accounts

Name on Bill Marland & Tanya Villanueva

Account No. 16667 and 21661 and rental property 13003

Phone 317-408-2552

Email _____

Send Check to (Name) Marland & Tanya Villanueva

Address Line 1 355 South 5th Street

Address Line 2 _____

City/State/Zip Zionsville, IN 46077

Brief Description of Issue

Overpayment

Amount to Refund \$72.00

Approved By _____

Clerk-Treasurer Use Only

Check Number _____ Amount _____ Date _____

Appropriation _____