



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 Overpayment on account

Name on Bill Pulte Group

Account No. 11829

Phone 317-814-3315

Email Donna.Jenkins@PulteGroup.com

Send Check to (Name) Pulte Group

Address Line 1 11590 N. Meridian St., Ste. 530

Address Line 2 _____

City/State/Zip Carmel, IN 46032

Brief Description of Issue

Overpayment on property located at 10515 W. 10th Street, Avon, IN 46123

Amount to Refund \$36.00

Approved By _____

Clerk-Treasurer Use Only

Check
Number _____ Amount _____ Date _____

Appropriation _____