



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 Hendricks Regional Health
Account No. 20112
Phone 317-745-3764
Email _____
Send Check to (Name) Hendricks Regional Health
Address Line 1 Attn: Troy Tucker
Address Line 2 1000 E Main St
City/State/Zip Danville, IN 46122

Brief Description of Issue

Overpayment on property located at in front of the YMCA (State Bank of Lizton property), Avon, IN 46123

Amount to Refund \$610.00

Approved By _____

Clerk-Treasurer Use Only		
Check Number	Amount	Date
Appropriation		