

WAIVER REQUEST



DATE _____

COMPANY NAME _____

CONTACT NAME _____ PHONE _____

ISSUE FROM: AURORA _____ WAUCONDA _____

PARTIAL _____ FINAL _____ # OF ORIGINALS _____

JOB NAME _____

LOCATION _____

CITY _____ COUNTY _____

OWNER _____

DOLLAR AMOUNT _____

LIST INVOICE #'S WAIVER APPLIES TO

HOW SHALL WE DELIVER WAIVERS TO YOU? -- Check one-- Via MAIL _____
CUSTOMER WILL PICK UP _____ OTHER (specify) _____

ADDITIONAL INFO HERE:

(IF ADDITIONAL SPACE NEEDED PROVIDE A SEPARATE SHEET)

WAIVER PAID: YES OR NO (CIRCLE) IF YES, LIST CHECK # _____

IF NO (PLEASE EXPLAIN STATUS) _____

Thank you,

ACCTG DEPT @ MID AMERICAN WATER 630-851-4529

PLEASE FAX TO 630-851-4519