



City of Aurora, Illinois

Water Billing Division Finance Department 44 E Downer Place Aurora, IL 60507-2067
Phone (630) 256-3600 Fax (630) 630-256-3609 Email water@aurora.il.us

DEPOSIT WAIVER

Date: _____

Location ID: _____

As owner I am requesting the \$100.00 deposit be waived

For: _____

Address: _____

who is now residing as a tenant in my property at the above address. In consideration there of, I acknowledge that in the event of nonpayment and departure of said tenant I will be responsible for all unpaid amounts.

***Owner must provide a copy of a valid ID.**

(Owner Signature)

Owner Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____