

Please fill out the information at the bottom of the page in order to participate in the “Good Cents” program. **The completed form may be returned or mailed to:**

**City of Rock Island  
Attn: Planning and Redevelopment Division  
1528 Third Avenue  
Rock Island, Illinois 61201**

If you need assistance or have any questions, please contact the  
Planning and Redevelopment Division at 732-2900,  
Monday through Friday between 7:30 a.m. and 5:00 p.m.

**Please make sure to sign the form before returning it to the City of Rock Island.**

**AUTHORIZATION TO PARTICIPATE IN THE GOOD CENTS PROGRAM**

I (We) hereby authorize City of Rock Island to increase the total amount due quarterly for utility usage to the next whole dollar. I (We) agree to pay the larger amount and contribute the additional money to the Good Cents financial assistance program. If I (We) decide to discontinue participation in this program, I (We) will notify the City of Rock Island in writing and I (We) understand this request will be honored on the next quarterly invoice after being received.

UTILITY ACCOUNT NUMBER: \_\_\_\_\_

NAME(S) ON UTILITY ACCOUNT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_