

VILLAGE OF EAST ALTON, ILLINOIS
WATER DEPARTMENT

DATE: ____/____/____

NAME: _____

PHONE #: _____

ADDRESS (FOR WATER/SEWER/TRASH SERVICE):

BILLING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS):

FOR OFFICE USE:

ACCOUNT #: _____

RECEIPT #: _____

METER READING: _____

I HEREBY REQUEST THE VILLAGE OF EAST ALTON TO FURNISH WATER/SEWER/TRASH SERVICE AT THE ABOVE ADDRESS AND AGREE TO PAY THE STANDARD RATE FOR THIS SERVICE AS PER VILLAGE ORDINANCE.

I AGREE TO PAY ALL BILLS PROMPTLY WHEN RENDERED AND TO BE RESPONSIBLE FOR ALL WATER/SEWER/TRASH CONSUMED/USED AT THE ABOVE ADDRESS UNTIL 48 HOURS NOTICE HAS BEEN DULY GIVEN AT THE EAST ALTON WATER DEPARTMENT OFFICE TO DISCONTINUE THE SUPPLY AS ABOVE PROVIDED. THE TERMS AND CONDITIONS OF WATER SERVICE ARE ON FILE IN THE CLERK'S OFFICE AND ARE PART OF THIS APPLICATION.

THE UNDERSIGNED HEREBY GIVES UNTO THE AGENTS, SERVANTS, AND EMPLOYEES OF THE VILLAGE OF EAST ALTON, FULL RIGHT AND AUTHORITY TO AT ALL TIMES ENTER THE PREMISES OWNED OR OCCUPIED BY THE UNDERSIGNED, OR BY HIS LESSEE, WHERE ANY SERVICE PIPE OR WATER METER MAY BE INSTALLED, TO REPAIR, REMOVE, OR SHUT OFF SAID METER AND DISCONNECT SUCH WATER SERVICE, SHOULD SUCH ACTION BECOME NECESSARY AT ANY TIME BECAUSE OF NON-PAYMENT OF BILLS OR OTHERWISE.

SIGNED: _____

DRIVER'S LICENSE #: _____ LAST 4 DIGITS SS#: _____

RENTAL? YES _____ NO _____

IF YES, FILL OUT INFORMATION BELOW:

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S ADDRESS: _____
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FEE: \$60.00 (CASH, CHECK, OR MONEY ORDER ONLY)

BILLING PROCEDURES: BILLED BI-MONTHLY IN **EVEN / ODD** MONTHS