

VILLAGE OF EAST ALTON, ILLINOIS
WATER DEPARTMENT

DATE: ____/____/____

NAME: _____

PHONE #: _____

ADDRESS (FOR **WATER/SEWER/TRASH** SERVICE):

BILLING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS):

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. BILLS ARE ISSUED EVERY 2 MONTHS AND FAILURE TO REMIT PAYMENT BY THE DUE DATE RESULTS IN A 10% PENALTY ADDED TO THE TOTAL AMOUNT DUE. FAILURE TO RECEIVE THE BILL DOES NOT WAIVE PENALTIES. 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 #: _____

RENTAL? YES _____ NO _____

IF YES, FILL OUT INFORMATION BELOW:

PROPERTY OWNER'S NAME: _____ PHONE #: _____

PROPERTY OWNER'S ADDRESS: _____

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FOR OFFICE USE ONLY:

FEE: \$60.00 (**CASH OR CHECK** AT TIME OF SERVICES OR MAY BE **BILLED ON FIRST INVOICE**)

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

FOR OFFICE USE:
ACCOUNT #: _____
METER READING: _____