CITY OF ALTAMONT

Municipal Building – 202 North Second Street
ALTAMONT, ILLINOIS 62411
Telephone 618-483-5212
Fax 618-483-6255

REQUEST FOR WATER SERVICE

We the undersigned do hereby request the City of Altamont, Illinois, to provide water service at the location as follows:

____
(property address)

____
(customer name)

desires a _______ inch water service, at a basic cost of __________ dollars plus tax ________. If after inspection of the premises additional costs are applicable, this party will be notified for approval before work is started. By signing this request for water service, the signee becomes liable for the payment of the installation charge, and should payment not be made within 30 days after billing by the City office, said meter shall be removed and water service discontinued; service will not be restored until advance payment of the total cost of service plus $25.00 penalties has been made to the City office.

BY:______________________________ Witnessed by: ________________________________

Signed this _________ day of ______________________, 20_____.

Date Paid___________________ Check #_______________

CAUTION

PLEASE INSTALL A PRESSURE RELIEF VALVE ON YOUR COLD WATER LINE TO YOUR WATER HEATER.

_ _

Authorization for the installation of water service for:

____

Proceed with installation of a _______ inch water service at a cost of $__________ at the following location:

____

After inspection, and before commencing any work, notify the city office if any additional charges appear applicable, and await further approval before installing this service. If no additional charges are applicable, proceed with installation. Return this slip to the City office upon completion of water service.

_________________________City Clerk

Service Completed_______________________, 20_____. Meter #_____________________

Meter Location_____________________ Account #____________ Beg'g Reading________

Department Supervisor____________________________________