

CASEYVILLE WATER DEPARTMENT

**909 South Main Street
Caseyville, Illinois 62232
(618) 344-1233**

DATE _____

NAME _____

SERVICE ADDRESS _____

CITY _____

DRIVER LICENSE NUMBER _____

TELEPHONE (HOME) _____

TELEPHONE (WORK) _____

CELL PHONE NUMBER _____

NAME OF EMPLOYER _____

IF SELF-EMPLOYED TYPE OF BUSINESS _____

ADDRESS OF EMPLOYER _____

SOURCE OF INCOME (IF NOT EMPLOYED) _____

RENTING _____ YES _____ NO

IF RENTING, PROPERTY OWNER'S NAME, ADDRESS AND PHONE _____

DATE TO START WATER SERVICE _____

WATER BILL SHOULD BE MAILED TO THE FOLOWING ADDRESS _____

\$50.00 Service fee payable to Caseyville Water Department

OCCUPANCY PERMIT NUMBER _____