

Village of Caseyville - Water/Sewer Application

909 South Main Street • Caseyville, IL 62232 • 618-344-1233

CURRENT DATE _____

DATE TO START SERVICE _____

OCCUPANCY PERMIT NO. _____

Name: _____ Email: _____

SSN: _____ Date of birth: _____

Drivers License #: _____ Primary Phone: _____

Secondary Phone: _____

RENT: _____ OWN: _____ SERVICE CHARGE: _____ TAP FEE: _____

SERVICE ADDRESS -

Street _____ City _____ State _____ Zip _____

MAILING ADDRESS - *(If different from service address)*

Street _____ City _____ State _____ Zip _____

PRESENT EMPLOYER:

Company Name _____

Phone: _____ Name of Supervisor _____

Source of Income if not employed _____

PRIOR ADDRESS:

Street _____ City _____ State _____ Zip _____

PROOF OF RESIDENCY/LANDLORD INFORMATION: Name: _____

Street _____ City _____ State _____ Zip _____

Phone _____

I, _____, hereby make application for water to be turned on at the following address, _____ effective ____/____/____ and agree to pay within 28 days of the billing date, or a 10% penalty will be assessed per rates established by City Ordinance. The water will be **DISCONNECTED** if the account is not paid within the specified time (after one bill past due). The undersigned hereby guarantees payment of all bills contracted above from date until notice to the contrary is received by the Village of Caseyville. The undersigned also swears that the information provided on this application is true and to the best of my knowledge.

****APPLICANT SIGNATURE:** _____

If anyone else is authorized to discuss this account, please list their name below along with the last 4 digits of their social security number.