
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: _____
Driver's License #: _____ Primary Phone: _____
Secondary Phone: _____ Would you like to receive email alerts? _____
Would you like paperless billing? _____

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 21 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). **Failure to receive bill does not exempt customer from penalty.** 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.
