

# Application Instructions:

1. Download and save this pdf document to your computer.
2. Once downloaded, open the document in Adobe Acrobat.  
(if you need to install Adobe Acrobat, it is available on our website where you just downloaded this form.)

Departments » Public Works »

## Water Department

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### New Water Service Application









To apply for water/sewer/trash service, fill out to application below.  
You can download the pdf form below and either fill out the fields on a computer and submit via email (by clicking the "Submit Application" button) or hand write the information and return to Collinsville City Hall - Finance Department - 125 South Center St. Collinsville, IL 62234.

Please allow 3-4 business days for new water account to be processed.

For questions concerning new water accounts contact the City of Collinsville Finance Department at 618-346-5200 x1117 or 618-346-5200 x1110

[Water Service Application](#)

Free viewers are required for some of the attached documents.  
They can be downloaded by clicking on the icons below.

Either fill out the fields on a computer and submit via email (by clicking the "Submit Application" button) or hand write the information and return to Collinsville City Hall - Finance Department - 125 South Center St. Collinsville, IL 62234

- or -

email form to:

[acalandro@collinsvilleil.org](mailto:acalandro@collinsvilleil.org)

Please allow 3-4 business days for new water account to be processed.

For questions concerning new water accounts contact the City of Collinsville Finance Department at 618-346-5200 x1117 or 618-346-5200 x1110

**A DEPOSIT WILL NEED TO BE PAID BEFORE WATER SERVICE IS TURNED ON.**



City of Collinsville  
 125 S. Center St  
 Collinsville, IL 62234  
 618-346-5200

# Application: Water/Sewer/Trash Service

## Applicant Information

### SERVICE ADDRESS

### DATE OF APPLICATION

Street Address: \_\_\_\_\_

\_\_\_\_\_

Apartment or Unit#: \_\_\_\_\_

### APPLICANT 1

### APPLICANT 2

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

### MAILING ADDRESS

*(if different from service address)*

### PRIOR ADDRESS

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt or Unit#: \_\_\_\_\_

Apt or Unit#: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PROOF OF RESIDENCY - LANDLORD INFORMATION

### Present Employer

Landlord Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

City: \_\_\_\_\_

Source of Income if not employed: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SIGNATURE

I hereby make application for water to be turned on at the address listed above 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 City of Collinsville. By signing this application, I swear that the information provided on this application is true to the best of my knowledge.

Applicant Signature (or type full name if filling out on computer)

### OFFICE USE ONLY:

RENT\_\_\_ DEPOSIT AMOUNT: \_\_\_\_\_ OCCUPANCY  
 OWN \_\_\_ SERVICE CHARGE: \_\_\_\_\_ PERMIT NUMBER:  
 TAP FEE: \_\_\_\_\_