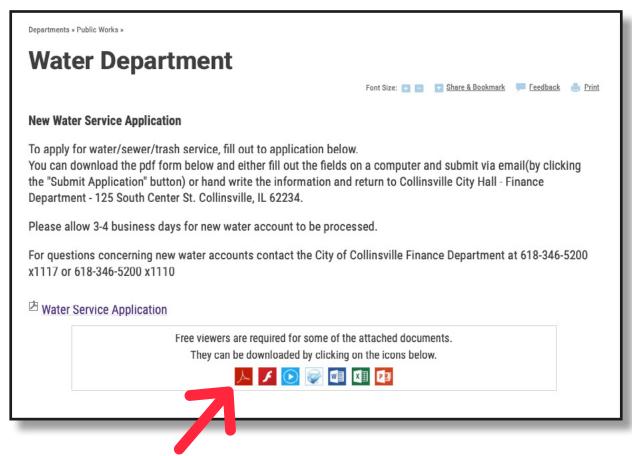
Application Instructions:

- 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.)



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

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.



Application: Water/Sewer/Trash Service

	Applicant i	mormatic	ווע
	SERVICE ADDRESS		DATE OF APPLICATION
Street Address:		. <u> </u>	
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:	
	MAILING ADDRESS (if different from		PRIOR ADDRESS
Name	Service address)	Street Address:	
Apt or Unit#:		City:	
City:		<u> </u>	Zip:
State:	Zip:		PROOF OF RESIDENCY - LANDLORD INFORMATION
	Present Employer	Landlord Name:	
Company Name:		Phone:	
		Street Address:	
lame of Supervisor:		City:	
Source of Income		State:	Zip:
if not employed: _		ATURE	
days of the billing d if the account is no contracted above for	ication for water to be turned on at the address ate, or a 10% penalty will be assessed per rates t paid within the specified time (after one bill prom date until notice to the contrary is received wided on this application is true to the best of minimum.	listed above effective _ established by City Ord ast due). The undersig by the City of Collinsv	dinance. The water will be DISCONNECTED gned hereby guarantees payment of all bills
	OFFICE USE ONLY:	Applica	ant Signature (or type full name if filling out on computer)
RENT DEPOSI	T AMOUNT: OCCUPANCY		

PERMIT NUMBER:

SERVICE CHARGE:

TAP FEE:_____

OWN_