

Carlinville Public Works
Water, Sewer & Street

562 North Broad
Carlinville, Illinois 62626

Phone 217-854-4752
Fax 217-854-4398

Water/Sewer Service Application

Date: _____

Name of Applicant- _____

Address- _____ Owner _____ Renter _____

Name of Landlord _____

Name & relationship of person filling out form for applicant. _____

Are you the person living at this address that will be responsible for the bill?
Yes _____ No _____ If no, please list name of the person responsible. _____

Phone # _____ Cell # _____

Soc. Sec. # _____ Driver's License # _____

Have you ever had water/sewer services with us before? Yes _____ No _____

If yes, list addresses _____

If the name was different please list & give your past two addresses if applicable.

Is a deposit required? Yes _____ No _____

I understand that if the water bill gets 1 ½ months behind that the service will be turned off for non-payment and can not be turned back on until the bill is paid in full including any service charges.

Signed: _____

Date: _____

Office Use Only:

Is customer eligible for water/sewer services? Yes _____ No _____

Was there an outstanding bill from any previous addresses? Yes _____ No _____

If yes, how much. \$ _____ Date Paid _____