

APPLICATION FOR MUNICIPAL WATER SERVICE

Acct. No. _____ Application Date: _____
Name: _____ Effective Date: _____
New Address: _____ Previous Address: _____
_____ Previous Acct. No: _____
Home Phone: _____ Name of Employer: _____
Daytime Phone: _____ Name of Owner: _____
Owner's Address: _____
Proof of I.D. Owner's Phone: _____
(copy required): _____
ACH _____ Yes _____ No

Is applicant currently indebted to the City of Arcola for past water service? _____

STATE OF ILLINOIS)
COUNTY OF DOUGLAS) ss.

AFFIDAVIT

- I, _____, being first duly sworn, state the following under oath:
1. That the above information is true and accurate.
 2. That I am not indebted to the City of Arcola for any past due water bill, even if it is for a different location or under a different name.
 3. That I reside at the above address for which water services are being applied and it is my permanent residence.
 4. That I am applying for municipal water service in good faith.
 5. That I am not making application on behalf of another person who will also reside at the above address.
 6. That I acknowledge and understand that the same is under oath, and, as such, is subject to punishment by the laws of Illinois including, but not necessarily limited to, the offenses of perjury.

Signed: _____ Date: _____

Deposit Paid _____ Transferred _____ Amount of deposit: _____