

**WATER / SEWER DEPARTMENT**

P.O. BOX AK, HOPKINS PARK, IL 60944

815-944-8313 FAX 815-944-6809

**APPLICATION**

NAME OF OWNER/BUSINESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

RENTER'S NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE / STATE ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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THE **OWNER** TAKES FULL RESPONSIBILITY IN PAYING THE WATER / SEWER BILL IF THE RENTER NEGLECTS TO PAY.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

**\* PAYMENTS RECEIVED BY CHECK OR MONEY ORDER ONLY \*  
DUE DATE – 15<sup>TH</sup> EVERY MONTH**

**OFFICE USE ONLY**

**ACTION TAKEN:**

_____ ACCOUNT NUMBER	_____ DISCONNECTION FEE - \$50.00
_____ ACCOUNT START-UP FEE - \$100.00	_____ RECONNECTION FEE - \$100.00
_____ INITIAL WATER CONNECTION FEE - \$600.00	_____ TAMPERING FEE - \$350.00
_____ INITIAL SEWER CONNECTION FEE - \$600.00	_____ CONNECTION START DATE
_____ BILLING START DATE	_____ NO ACTION TAKEN

REASON \_\_\_\_\_

CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NO REFUND :)**