

APPLICATION FOR WATER SERVICE

NAME: _____ OWNER OR RENTER
(circle one)
SERVICE ADDRESS: _____
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE) _____
DRIVERS LICENSE #: _____ DATE WATER IS TO BE TURNED ON: _____
SS# _____ HOME PHONE: _____ CELL PHONE: _____
OWNER: _____ OWNERS PHONE: _____

WATER DEPOSIT \$100.00

This deposit shall be refunded, without interest to the applicant when water service is terminated. This deposit is held by the City as security for the payment of water used and may be so applied by the City upon any default by the applicant in payment of a water bill

- 1st – Water bills are mailed out on the 1st of each month.
- 15th – Water bills are due by the 15th of each month.
- 16th – Penalty charges (10%) are applied to unpaid bills after close of day (3:30pm) on the 15th.
- 25th – Late bills are due. If not paid by close of business day (3:30 pm) a late charge of \$20.00 will be added.
- 26th – Unpaid accounts will be **DISCONNECTED** that business day.

If a N.S.F. payment is received as payment on the water bill, there will be an automatic disconnection of services. The monthly bill must be paid in full with cash along with the reconnection fee of \$20 and the NFS charge of \$50.00 to be paid prior to the water being turned back on.

METER TAMPERING

ONLY AUTHORIZED CITY PERSONNEL CAN TURN WATER METER ON OR OFF AT ANY TIME. \$25.00 fine will be charged for tampering with a meter.

Water bills may be paid at the City Office, Monday thru Friday, 8:00 a.m. to 3:30 p.m. After hours drop box is located at the City Office, 222 W. Madison. Bills can also be mailed to 222 W. Madison, Chrisman, IL 61924. We have online bill pay at <https://magic.collectorsolutions.com/./city-of-chrisman> Any questions or problems, please call the City Office at (217) 269-2214.

By signing and submitting this application, it is acknowledged that the applicant has read, understood, and agrees to abide by the rules and regulations outlined in this form.

SIGNATURE _____ DATE _____

-----OFFICE USE ONLY-----

DEPOSIT PAID BY _____ CHECK # _____ CASH

DATE PAID _____

ACCOUNT# _____