



CITY OFFICES
 100 West Fourth Street
 Waterloo, Illinois 62298
 618.939.8600
 Thomas G. Smith, Mayor

APPLICATION FOR MUNICIPAL UTILITY SERVICE

Utility Service Must be Applied for In Person

Date: _____

Name If married, application should be in the name of both spouses.

If renting, application must list who is responsible for payment of utilities.

- Each occupant on lease agreement and/or all persons residing at this address over the age of eighteen (18) must be listed on back of application.
- Attach copy of lease agreement or rental agreement
If you failed to bring in the lease/rental agreement, it can be faxed to City Hall at 618.939.8988

PLEASE PRINT

1. _____
 First Name MI Last Name Date of Birth

_____ Social Security No. _____ Driver's License No. _____ Employer's Name

_____ Home Phone No. _____ Work Phone No. _____ Cell Phone No.

2. _____
 First Name MI Last Name Date of Birth

_____ Social Security No. _____ Driver's License No. _____ Employer's Name

_____ Home Phone No. _____ Work Phone No. _____ Cell Phone No.

Address of Premises: _____
 Buying Renting Service Start Date: _____
 If renting, Owner's (landlord's) name: _____

Address you are moving from: _____

Has applicant previously lived in the City of Waterloo? Yes No

I FULLY UNDERSTAND THAT FAILURE TO PAY ANY OUTSTANDING BALANCE FROM MY PREVIOUS ADDRESS MAY RESULT IN DISCONNECTION OF SERVICE AT MY CURRENT ADDRESS. SHOULD DISCONNECTION OCCUR ALL PAST DUE BALANCES MUST BE PAID IN FULL.

I the undersigned hereby make application for municipal utility service from the City of Waterloo, IL as checked below:

Electric (\$125) Water (\$50) Sewer (\$50) Gas (\$125) Trash

Any deposit required and held by the City of Waterloo, IL with respect to utility services, shall be refundable after one year of non-delinquent payment for all utility charges, or upon termination of service to the customer, if all bills have been paid and the city is satisfied that all its meters and other equipment, if any, on the customer's premises have been left accessible and undamaged. If service is terminated, the deposit less any outstanding charges will be refunded to the customer. No interest shall be paid on the deposit.



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This application shall not be binding upon the City of Waterloo, IL until the applicant has been accepted by the City Council and then acceptance shall be subject to the Ordinances and rules and regulations enacted by the city from time to time, and to the following terms and conditions:

1. The applicant(s) understands and agrees to pay all bills for Utility Services rendered for each month on or before the payment due date. Failure to make payment may result in customer being subject to disconnection. The applicant(s) absolves the City of Waterloo, IL, from liability for any damages applicant(s) may sustain if service is disconnected for non-payment of bills.
2. The utility will endeavor at all times to provide regular and uninterrupted supply of service, but in case the supply of service shall be interrupted or irregular or defective or fail from causes beyond its control or through ordinary negligence of employees, servants or agents, the utility will not be liable thereof.
3. The applicant(s) agrees to abide by and accept all of the provisions of the Municipal Code of the City of Waterloo.
4. In case of default or non-payment; then I am responsible for any and all legal, attorney, court and collection costs incurred as a result of not maintaining my account within the terms set forth by the CITY OF WATERLOO. ____ (initial)

All applications contingent upon City Council approval. In the event the application is denied, interim charges are the property owner's responsibility.

Attach copy of Driver's License(s)

I HAVE READ THIS COMPLETED APPLICATION AND IT IS TRUE AND CORRECT.
 I UNDERSTAND THAT A MATERIAL FALSEHOOD COULD LEAD TO TERMINATION OF SERVICE.

 Applicant's Signature

Deposit Paid \$ _____

Occupant on lease agreement and/or all persons residing at this address over the age of eighteen (18)

Name _____
 Address _____
 Phone # _____
 Last 4 digits of SS# _____

Name _____
 Address _____
 Phone # _____
 Last 4 digits of SS# _____

I authorize information on this account to be released to the above individual. Yes No

I authorize information on this account to be released to the above individual. Yes No