



MUNICIPAL WATER SERVICE APPLICATION

DATE OF SERVICE: _____

FULL NAME: _____
First Middle Initial Last

FOR SECONDARY NAME ON ACCOUNT, PLEASE COMPLETE BACK PAGE

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

DL#: _____ STATE: _____

SS #: _____ - _____ - _____ DATE OF BIRTH: _____

PHONE: _____ CELL: _____

EMPLOYER: _____

EMAIL: _____

PURCHASED _____ RENTING _____ OTHER _____

IF RENTING, PLEASE COMPLETE BACK PAGE

STATE OF ILLINOIS)
) SS.
COUNTY OF MACON)

AFFIDAVIT

The above named affiant, after first being duly sworn upon his/her/their oath, does depose and state that the above information provided on the Application for Municipal water/sewer service is true and accurate. Further, applicant states that he/she/they is not indebted to the Village of Mt. Zion for past municipal water/sewer services, even if at a different location and even if under a different name. Further, affiant does state that he/she/they resides in the above described premises for which water services are being applied, and that the same shall be his/her/their domicile and permanent residence. Further, affiant states the he/she/they will not allow person(s) to live at the residence who are currently indebted to the Village of Mt. Zion for past municipal water/sewer services or they will thereby become legally responsible for the outstanding bill. Finally, affiant does state that he/she/they is applying for municipal water/sewer services in good faith, and that the application is not being made in lieu of or on behalf of another person or persons who will also be residing at the above described address and who has an outstanding, delinquent water/sewer service account with the Village of Mt. Zion. In making this statement, affiant acknowledges and understands that the same is under oath, and, as such, is subject to punishment by the laws of the State of Illinois including, but not necessarily limited to, the offences of perjury.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

ACCOUNT #: _____

FINAL READING: _____

DATE ENTERED: _____

NOTES: _____



MUNICIPAL WATER SERVICE APPLICATION

SECONDARY INFORMATION

FULL NAME: _____
 First Middle Initial Last

DL#: _____ STATE: _____

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PHONE: _____ CELL: _____

EMPLOYER: _____

EMAIL: _____

LANDLORD INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____