

Water Deposit: \$100.00  
Trash Deposit: \$50.00

Village of Steeleville  
107 West Broadway  
Steeleville, IL 62288  
P:(618)965-3134  
F:(618)965-9479

**Village of Steeleville**  
**WATER/SEWER/TRASH APPLICATION**

Pd: \_\_\_ Cash \_\_\_ Check  
Amount \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Account # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Steeleville, IL 62288

Mailing Address: \_\_\_\_\_  
(if different than above)  
\_\_\_\_\_

Phone Number: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Owner/Property Manager: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Would like to get bills by E-Bill. If so provide e-mail address \_\_\_\_\_

Do you currently have auto bill pay? \_\_\_\_\_ Would you like to set up auto bill pay? \_\_\_\_\_

Connect CTY?(important calls from city) If so which way e-mail or phone? \_\_\_\_\_

Date of Service Requested: \_\_\_\_\_ ON or OFF (Please circle one)

*For the services requested, I (we) agree to pay the Village at the rates as prescribed in the effective schedule or schedules in the ordinances of the Village as they exist from time to time and as amended, and to comply with the Village's Rules and Regulations for such services.*

*I (we) also agree that someone will be available at the above date and time for services to be started. If I (we) am not available, I (we) am responsible for any damages due to plumbing problems on my premises.*

*I (we) also agree to be responsible for all services used on said premises until forty-eight (48) hours after notice has been given at the office of the Village Clerk to discontinue the services.*

*I (we) also agree to be responsible for all costs of collection incurred by the Village, including collection agencies, court costs, and attorneys' fees to collect my account should it become delinquent.*

Signature \_\_\_\_\_

clerk N Forms/water  
/sewer/trash application

Date: \_\_\_\_\_

**All dwellings require an inspection prior to moving in. The fee for this inspection is \$50.00**