

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 ___ CC
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