

**APPLICATION FOR WATER/SEWER SERVICE
BY OWNER
CITY OF BEARDSTOWN**

APPLICANT'S NAME _____
 First Middle Initial Last

SERVICE ADDRESS _____

MAILING ADDRESS _____

PREVIOUS CITY ADDRESS (if applicable) _____

SOCIAL SECURITY/FEIN# _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL ADDRESS _____

EMPLOYER NAME/ADDRESS _____

I request that water be turned on at the above service address on _____
DATE

I understand that I am responsible for the bill until such time that I notify the Beardstown City Clerk's office.

Signature

Date

Return to: Beardstown City Clerk
 PO Box 467
 Beardstown, IL 62618

**AN ASSURANCE PAYMENT IN THE AMOUNT OF \$100.00 PAYABLE TO THE
CITY OF BEARDSTOWN MUST BE ENCLOSED**