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

APPLICAN'	T'S NAME			
		First	Middle Initial	Last
SERVICE A	DDRESS			
PREVIOUS	CITY ADDRESS (if	applicable) _		
SOCIAL SE	CURITY #			
HOME PHONE CELL PH			LL PHONE	
WORK PHONE EMAIL ADDRESS				
NAME/ADI	DRESS EMPLOYER			
PROPERTY	OWNER'S NAME _			
PROPERTY	OWNER'S ADDRE	SS		
PROPERTY	OWNER'S PHONE	#		
I request that	water be placed in m	y name at the	above service address	on
this date				
I understand City Clerk's		for the bill ur	ntil such time that I no	tify the Beardstown
		Sig	nature	
		Da	te	
Return to:	Beardstown City C	lerk		

PO Box 467

Beardstown, IL 62618

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