



WAUKEGAN

City of Progress *Illinois*

Water Service Application

Finance Department
Water Division
water@waukeganil.gov
847-360-0535

Scheduled Date: _____ Scheduled Time: 8:00 am - 10:00 am 12:30 pm - 2:00 pm
10:00 am - 12:30 pm 2:00 pm - 4:00 pm

Type: New Service Cancel Service Owner: _____
Tenant: _____

Service Address: _____ Management Co: _____

Last Name: _____ First Name: _____ Middle Initial: _____

ID Type: _____ State: _____ ID Number: _____

EIN (for business): _____

Mailing Address: Same as service Yes No

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

Care of: _____

Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Property Owner: Same as Service Yes No

Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____

I/We hereby make application to the Water and Sewer Department of the City of Waukegan for to be furnished in the Premises at _____

I/We hereby agree should such service be furnished me/us, to conform to all rules, regulations, laws and ordinances now in force or hereafter made relating to the furnishing, using and paying for water and sewer service in the City of Waukegan.

I/We agree to pay for such service from in accordance with the rates from time to time established and until such time as I may give notice in writing to the water department of the City of Waukegan that I wish service to be discontinued. I agree to give such notice at least (4) days in advance that it is desired that such service be terminated. I understand that water and sewer service is being furnished to me subject to the fact that I am not indebted to the City of Waukegan Water Department for water or sewer service previously furnished to me.

Owner and tenant are jointly and severally liable for payment of water bill.

| | | | |
|----------------------------|--|------------------|--|
| Print Name: | _____ | | |
| Signature: | _____ | Date: | _____ |
| FOR OFFICE USE ONLY | | | |
| Deposit Required: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Deposit Amount | _____ |
| Account Number: | _____ | Received Method: | In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> |
| Move Out Date: | _____ | Move Out Time: | _____ |
| Move Out Processed by: | _____ | | |

Requested by: _____

Requested by Phone Number: _____