



CITY OF DECATUR ILLINOIS

#1 GARY K. ANDERSON PLAZA

DECATUR, ILLINOIS 62523-1196

Account #: _____

Service Address: _____

Owner: _____

Owner's Address: _____

Owner's Phone: _____

Owner's Email: _____

The undersigned Owner does hereby apply to the City of Decatur, Illinois for water service to be supplied to the above described address, and does further state that he or she is the owner of said premises or duly authorized agent of same, and does further accept and agree to abide by the provisions of Chapter 64 of the City Code of Decatur, Illinois, and any other ordinances, rules, regulations and directives of said City applicable to water service. Any changes must be provided to maintain accuracy.

Signature of Owner (Agent)	Date	ID Number __DL__	Last 4 SS# __ St ID.	DOB __ FOID __ Other
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If you are an owner with a tenant moving in this address, and want the tenant to receive the copy of the utility bill, please give the name of the tenant. _____

Signature of Tenant	Date	ID Number __DL__	Last 4 SS# __ St ID.	DOB __ FOID __ Other
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Tenant Phone: _____ Tenant Email: _____

- Owner phones in tenant approval Agent phoned in tenant approval
- Owner provided tenant approval in person Agent provide tenant approval in person
- Tenant Authorization form provided Agent: _____

Other Notes: _____

City of Decatur Rep: _____

Please initial indicating you understand we recommend your main water valve is turned off prior to us turning on your water service. If we detect water running inside your facility, we will turn the water off and there is a charge to come back. _____

Fax (217)424-2859