

APPLICATION FOR WATER/SEWER SERVICE
BY OWNER
City of Macomb, Illinois

APPLICANT'S NAME

First

Middle Initial

Last

SERVICE ADDRESS

PHONE

PREVIOUS ADDRESS

MAILING ADDRESS,
(IF NOT SAME AS SERVICE ADDRESS)

SOCIAL SECURITY NUMBER

NAME/ADDRESS OF EMPLOYER

WORK PHONE NUMBER

FAX NUMBER

AS THE OWNER OF THE PROPERTY AT THE ABOVE ADDRESS, I REQUEST THE
WATER TO BE TURNED ON

Date

THE ABOVE NAMED OWNER HAS REGISTERED MY NAME AS LOCAL AGENT AS
REQUIRED BY CITY ORDINANCE AND I AM REQUESTING THE WATER BE TURNED
ON IN THE OWNER'S NAME ON

Date

DATE

Owner's Signature

Agent's Signature

Agent's Phone Number