

Water Deposit: \$100.00
Trash Deposit: \$ 50.00

Village of Steeleville
107 W. Broadway
Steeleville, IL 62288
P:(618)965-3134
F:(618)965-9479

Village of Steeleville Water/Sewer/Trash Application

Pd: ___cash ___check
Amount \$ _____
Ck# _____
Acct# _____

Name: _____

Address: _____
Steeleville, IL 62288

Mailing Address: _____
(If different than above) _____

Phone Number: Home: () _____ Cell: () _____

Owner/Property Manager: _____

Phone Number: () _____

E-bill? If so please provide email address: _____

Connect CTY? If so which email/phone number(s): _____

Date of Service Requested: _____ ON or OFF (Please circle one)

Time Available: _____ A.M. Or P.M. (Please circle one)
Due to scheduling, water service will only be turned on/off Monday - Friday, excluding holidays,
between the hours of 7 a.m.-3p.m. Service will be started within a hour of time available.

For the services requested, I (we) agree to pay the Village at the rates as prescribed in the effective schedule or schedules in the ordinances of the Village as they exist from time to time and as amended, and to comply with the Village's Rules and Regulations for such services.

I (we) also agree that someone will be available at the above date and time for services to be started. If I (we) am not available, I (we) am responsible for any damages due to plumbing problems on my premises.

I (we) also agree to be responsible for all services used on said premises until forty-eight (48) hours after notice has been given at the Office of the Village Clerk to discontinue the services.

I (we) also agree to be responsible for all costs of collection incurred by the Village, including collection agencies, court costs, and attorneys' fees to collect my account should it become delinquent.

Signature: _____

Date: _____

All dwellings require an inspection prior to moving in. The fee for this inspection is \$50.00. Inspection application is attached.