

City of St. Elmo  
411 N. Main St. St. Elmo, IL 62458  
618-829-3319 Office 618-829-3332 Fax  
[city@stelmo.us](mailto:city@stelmo.us)

### Application For Water Service

PLEASE PRINT NAMES

ALL BLANKS MUST BE COMPLETED BEFORE SERVICE WILL BE PROVIDED.

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

Drivers License No: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Name of all other persons occupying this residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of nearest relative NOT living with applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one: Rent \_\_\_\_\_

Buying on Contract \_\_\_\_\_

Own \_\_\_\_\_

Landlord: \_\_\_\_\_

Customer # \_\_\_\_\_ Location # \_\_\_\_\_ Meter # \_\_\_\_\_

We/I the undersigned agree to comply with the ordinances, regulations, and policies of the City of St. Elmo Water Department. We/I hereby acknowledge and agree that payments will be made on this account in accordance with the terms on the monthly statement and to pay any late pay penalties or reconnect fees as assessed. In the event payment is not made promptly and it becomes necessary to institute collection procedures including litigation, we/I agree to pay reasonable attorney fees plus other costs necessarily incurred in the collection of this account.

I have read and understand the above and the information provided is true and complete to the best of my knowledge. I acknowledge receipt of a completed copy of this application.

Signature

Date

Signature

Date

\_\_\_\_\_

\_\_\_\_\_