

Application to Activate/Terminate Municipal Water Service

Account # _____

Date _____

Name _____ Service Address _____

Mailing Address _____

Driver's License # _____ Social Security # _____

Phone _____ Employer _____

List of other occupants at residence _____

Date Wanted _____ Owner _____

Is applicant currently indebted to the Village of Argenta for past water services? _____

STATE OF ILLINOIS)
) §
COUNTY OF MACON)

AFFIDAVIT

The above named affiant, after first being duly sworn upon his/her/their oath, does depose and state that the above information provided on the Application for Municipal Water Service is true and accurate. Further, applicant states that he/she/they is/are not indebted to the Village of Argenta for past municipal water services, even if at a different location and even if under a different name. Further, affiant does state that he/she/they resides in the above described premises for which water services are being applied, and that the same shall be his/her/their domicile and permanent residence. Further, affiant states that he/she/they will not allow person(s) to live at this residence who are currently indebted to the Village of Argenta for past municipal water services or they will thereby become legally responsible for the outstanding bill. Finally, affiant does state that he/she/they is applying for municipal water services in good faith, and that the application is not being made in lieu of or on behalf of another person or persons who will also be residing at the above described address and who has an outstanding, delinquent water service account with the Village of Argenta.

The above named affiant also acknowledges they have received, read, and understand the Rates and Regulations Ordinance for water service.

In making this statement, affiant acknowledges and understands that the same is under oath, and, as such, is subject to punishment by the laws of the State of Illinois including, but not necessarily limited to, the offense of perjury.

Activate Service: Signed _____ Date _____

Terminate Service: Signed _____ Date _____

Deposit Required _____ Yes _____ No _____ Amount of Deposit _____

FOR OFFICE USE ONLY

METER INFORMATION	METER INSTALLED	METER REMOVED
Company Serial #	Date Reading	Date Reading
Location		