

## Application to Activate/Terminate Municipal Water Service

Account #	Date			
Name	Service Addre	SS		
Mailing Address				
Driver's License #	Social Security #			
Date of Birth	Phone	Employer		
Email Address (to receive email bill	s)			
Sign up for AutoPay: Name of Bank		Account number		
List of other occupants at residence				
Date Wanted	Owner			
Is applicant currently indebted to the	e Village of Argenta for past w	ater services?		
STATE OF ILLINOIS )				
) §				
COUNTY OF MACON )	AFFIDAVIT			
In making this statement, affiant as subject to punishment by the laws of the Stat Activate Service: Signed	at he/she/they resides in the above de and permanent residence. Further, af Village of Argenta for past municipal v that he/she/they is applying for muni n or persons who will also be residing llage of Argenta. owledges they have received, read, an cknowledges and understands that the e of Illinois including, but not necessa	scribed premises for which wa fiant states that he/she/they w vater services or they will there cipal water services in good fait at the above described address d understand the Rates and Reg e same is under oath, and, as su rily limited to, the offense of pe Date	Iter services are being applied, and vill not allow person(s) to live at this eby become legally responsible for the th, and that the application is not being s and who has an outstanding, gulations Ordinance for water service. ch, is erjury.	
Terminate Service: Signed				
Deposit Required X Yes	No Amount of D	0eposit <b>\$100.00</b>		
METER INFORMATION	METER INSTALLED		METER REMOVED	
Company   Serial #	Date I Reading	g Date	I Reading	
eptune	L	I		