

NEW SERVICE [WATER TAP] APPLICATION
DEVIL'S KITCHEN WATER DISTRICT
3324 GRASSY RD • CARBONDALE, IL 62902 • PHONE (618)549-5141

DATE: _____

NAME: _____
(LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS: _____ CITY: _____

TELEPHONE: (HOME) _____ (CELL) _____ EMAIL _____

ARE YOU THE OWNER OF THE PROPERTY LEGALLY DESCRIBED BELOW? YES NO

LIST ANY CO-OWNERS, INCLUDING THEIR ADDRESS AND PHONE NUMBER:

LIST ANY LIENS ON THE PROPERTY:

(Include the person/institution who holds the lien, their address, and phone number)

ADDRESS OF PROPERTY WHERE TAP IS TO BE INSTALLED:

COMPLETE LEGAL DESCRIPTION OF PROPERTY (ATTACH COPY OF DEED)
(INCLUDE SECTION/ TOWNSHIP / COUNTY)

DESIRED LOCATION FOR TAP AND/OR METER: _____

DIRECTION & DISTANCE FROM NEAREST TOWN OR CITY: _____

NEAREST CROSSROAD TO LOCATION: _____

ARE THERE CURRENTLY ANY METERS INSTALLED AT OR ON THIS PROPERTY? YES NO

IF SO, WHAT ARE THE ACCOUNT NUMBERS? _____

UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM (PAGES ONE AND TWO) IS, TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE THAT I WILL BE APPROVED FOR THE INSTALLATION OF A NEW WATER TAP. I FURTHER UNDERSTAND THAT UPON APPROVAL, I WILL BE RESPONSIBLE FOR A FEE OF \$500.00 PLUS CONTRACTOR COSTS FOR INSTALLATION.

SIGNATURE _____ DATE _____

FOR BOARD USE ONLY:

APPROVED DENIED

DATE: _____ CHAIRMAN SIGNATURE: _____

FOR OFFICE USE ONLY:

TAP FEE PAID: _____ DATE PAID: _____ ACCOUNT NUMBER: _____