



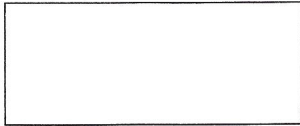
City of Jacksonville, Illinois

MUNICIPAL UTILITIES

200 West Douglas, Jacksonville, Illinois 62650-2094

Telephone: (217) 479-4615 Fax: (217) 245-2822

www.jacksonvilleil.com Text: (217) 370-4122



APPLICATION/ SERVICE AGREEMENT

Primary Application Information:

Account Name(s):

Service Address:

Mailing Address:

Prior Address: Accept Text Messages: Yes No

Home Phone: Work Phone: Cell Phone:

Social Security/ FEIN #: Email Address:

Driver License Number: State:

Employer Name & Address:

Spouse/Roommate Information:

Name(s):

Social Security Number Cell Phone:

Employer Name & Address

(Circle One) Owned Property Rental Property Buying Contract For Deed

I agree to follow all City of Jacksonville rules for utility service. I understand that if my utility bill is not paid within 30 days, from the issue date, services may be terminated. I understand that failure to maintain regular trash service, or otherwise provide for regular trash removal, or falsifying information contained in this application, is a violation of City Ordinance.

Signature: Date:

For Office Use:

For New Accounts:

Deposit Amount Date Paid

Cash/Credit Card/Check # Date Deposit Applied To Account

For Finaled Accounts:

Amount of Deposit Refunded Date

Or Amount of Deposit Transferred To

Amount of Deposit Transferred To

Amount of Deposit Transferred To