

*Village of Chapin
510 Everett Street
P.O. Box 213
Chapin, IL 62628
(217) 472-3111*

**Chapin Water Department
Application for Water Service**

Requested Service Date _____

Name _____

Date of Birth _____

Driver's License # _____

Telephone Number (Home, Work & Cell) _____

Spouse/Occupant(s) _____

Spouse/Occupant(s) Driver's License # _____

Spouse/Occupant(s) Telephone Number _____

Service Address _____

Mailing Address _____

Emergency Contact Person & Telephone Number _____

Homeowner Yes / No

Landlord Name _____

Address _____

Telephone Number _____

Note: A 10% penalty shall be added to the outstanding balance of each bill unpaid by the 20th day of each month. In addition to said penalty, a \$10.00 administrative fee will be charged to all accounts that are delinquent and that have been mailed a notice of delinquency by the Village. Service shall not be reconnected until all delinquent charges, current charges for combined service, fees and penalties on all unpaid charges, a \$75.00 reconnect fee and a \$125.00 deposit fee for future service has been paid to the Village.

Signature

Date

For Office Use

Account # _____ Route # _____ Sequence# _____

Meter # _____ Meter Reading _____

Deposit Amount _____ Date Paid _____