

CHILLICOTHE MUNICIPAL WATER WORKS

P.O. BOX 168 CHILLICOTHE, IL 61523

Application for Utility Service

NEW FORM

Applicant Information

Full Name _____

Address City –State - Zip _____

Previous Address City – State - Zip _____

Last four numbers of Social Security Number

() - () -
Home Phone Number

() -
Cell Phone

Notify in case of Emergency

Under penalty of perjury, the undersigned hereby affirms that all information contained in this application is true and correct. The undersigned hereby acknowledges that, if the City of Chillicothe provides water service, he/she will agree to be bound by all ordinances, rules, and regulations of the City of Chillicothe pertaining to same that are now in effect and as they may from time to time be modified subsequent to the date of this application.

Signature

Date

Account Number: _____ Owner: _____ Fee: **\$150.00** Cash Check # _____
Applied to Account: _____ Returned: _____